





23 March 2002

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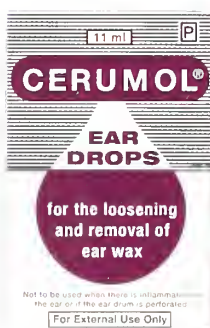
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Supervision 'out of step', says Society

Hospital pay up 3.6pc, working hours in limbo

Thornton & Ross acquires 21 SSL OTCs

Growing gains, not pains, in baby care sales



NEW

Let us spray



New Germoloids HC Spray is the first and only OTC spray for haemorrhoid relief. This effective treatment combines the local anaesthetic action of lignocaine, for rapid

pain relief, with extra hydrocortisone to help reduce itching and inflammation. Now available in a soothing and discreet 'non-touch' spray. Hallelujah.

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germoloids®
HC Spray

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Contains Hydrocortisone & Lignocaine Hydrochloride

Germoloids® HC Spray - Product Information. Germoloids® HC Spray is an aqueous spray solution containing 0.2% w/w Hydrocortisone BP and 1.0% w/w Lignocaine Hydrochloride BP. Indications: Symptomatic relief of anal and perianal pain and pruritus such as associated with haemorrhoids. Dosage and Administration:



Adults: Spray once over affected area up to three times daily. **Children:** Not recommended for children under 14 years. Contraindications: Sensitivity to

lignocaine or other ingredients. Use on broken or infected skin. To be used externally on anal area only. Warnings and Precautions: The spray should not be used continuously for longer than seven days. Keep away from eyes, nose and mouth. Patients should seek medical advice if persistent pain or bleeding from anus occurs especially if associated with a change in bowel habit, a distended stomach or weight loss. Medical supervision is required if used in conjunction with other medicines containing steroids. Side Effects:

Temporary tingling sensation may be experienced. Rarely, hypersensitivity to lignocaine has been reported. Use in Pregnancy: There is inadequate evidence of safety in human pregnancy. Cost: 30 ml tube, £6.99. MA Number: PL 0173/0049. MA Holder: Dermal Laboratories, Gosmore, Hertfordshire SG4 7QR. Sold and Distributed in the UK by: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Legal Category: P. Date of Preparation: February 2002.



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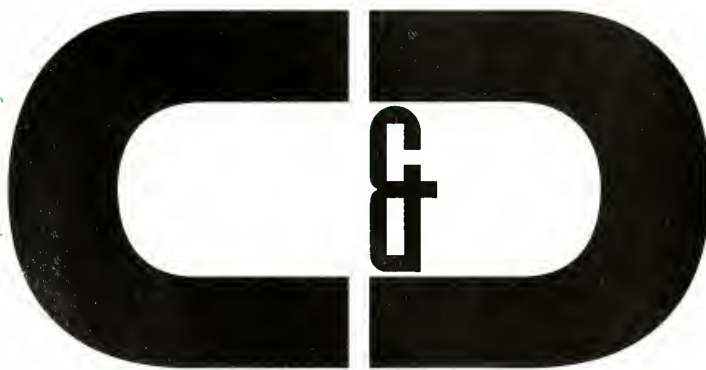
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Supervision 'impedes' pharmacy development

Pharmacy supervision is holding the profession back, said Helen Darracott, the Royal Pharmaceutical Society's head of professional services.

"The interpretation goes further than the law requires and is an impediment to the development of pharmacy practice in the 21st century," Ms Darracott commented last week.

She also believes the current interpretation of "supervision" used in pharmacy is "out of step with the definition in common use by other professionals and the public".

Speaking at the Society's Wessex Regional Conference, Ms Darracott added: "Arguably, in my view, we as a profession have self-imposed this extra requirement [of being present on the premises]. We need to think about what we want for pharmacy in the future. It is a time of great change and the opportunity is now. If we don't think about supervision then we might miss

the boat by default and tie our hands behind our backs for another 10 to 15 years."

These suggestions on how "supervision" should be interpreted come as the RPSGB and the Department of Health start to address the issue of skill mix.

Dr Jim Smith, chief pharmacist at the DoH, was specifically charged with looking at the skill mix questions raised in *Pharmacy in the Future*, the Government strategy for pharmacy in England. He is understood to be releasing a paper on the subject in two to three weeks.

Ms Darracott explained that the legal basis for "supervision" stems from the Medicines Act 1968, which included the term to ensure public safety. The law applies only to community pharmacies and not hospitals, dispensing doctors or walk-in centres.

The law does not state that a pharmacist has to be present in

the pharmacy, she said. But it does say that if a sale is not made by a pharmacist, it should be made by a person acting under their supervision – the person and not the sale are to be supervised, said Ms Darracott.

For example, counter assistants who sell pharmacy medicines can be supervised through the use of written protocols, she suggested.

She questioned how pharmacists could offer new services if they insist on dispensing all prescriptions and suggested that, in the future, pharmacists should perform a clinical check on prescriptions, but delegate the rest of the dispensing process to technicians working within written standard operating procedures.

John D'Arcy, chief executive of the National Pharmaceutical Association, who was also speaking at the conference, said there was pressure to enhance the pharmacist's role. He cited a "massive increase in workload"



Helen Darracott: pharmacists need to delegate some processes

and added, "something has to give" if patients are to get cost-effective healthcare.

"The solution is skill mixing, whereby a variety of people with varying competencies carry out roles traditionally carried out by other healthcare professionals," he said.

He echoed Ms Darracott's view that supervision does not mean carrying out a final check on prescriptions.



Ashok Soni, vice-chairman of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee, last Wednesday delivered to the Prime Minister 8,000 letters from patients supporting their local pharmacy. The letters had been collected during a "Pharmacy Awareness Week" held last month (C&D, Feb 2, p7). They highlight the free services, provided by community pharmacists, that are under threat following the cut in the dispensing fee. The LPC, which has written to health minister Hazel Blears highlighting the campaign, is to request a meeting with her

PRACTICE

Right to practise is under threat

Pharmacists who cannot show evidence of continuing professional development when it becomes compulsory will not be allowed to practise.

The Royal Pharmaceutical Society will in future operate two registers – one for all members and one for pharmacists who have demonstrated their fitness to practise.

Pharmacists who fail to fulfil their CPD responsibility will not be included in the practising register, says Council member Alan Nathan.

The Society will assess all pharmacists every three to five years to ensure that CPD is being undertaken in a valid manner.

The assessors will not necessarily be pharmacists as they are only looking at the validity and

not the CPD content, he said at the RPSGB Wessex Region Conference last Sunday. Also, each year a random sample of pharmacists will have their CPD examined in depth.

Commenting on this year's membership fee increase – due in part to the costs of CPD – Mr Nathan said any extra CPD costs in the future would not exceed £20 per member in membership fees.

This year 5,000 pharmacists will be enrolled in the Society's CPD portfolio scheme. Mr Nathan expects the scheme to include all Society members within the next two years. Although paper forms will initially be available, he expects CPD recording to be done electronically.

SCOTLAND

Funding for pharmacists to help with Scottish plan

The Scottish Executive has made funding available so pharmacists can be recruited to help implement the Scottish pharmacy strategy, *The Right Medicine*, chief pharmacist Bill Scott, announced last weekend.

A circular will soon be sent to Scottish hospitals seeking to second a senior pharmacist for two days a week for three years, who will develop the hospital aspects of the strategy.

The Executive will be advertising for experienced, practising community pharmacists to oversee and co-ordinate the strategy's development in the primary care sector. Funding is available to support a post for three days a week over three years



The pixies were out in force at the LHCC Pharmacists Conference in Dunblane last weekend. Complete with pixie ears, they successfully ambushed Scotland's chief pharmacist Bill Scott, proving that his comments at last year's BPC have not been forgotten. Then he asked whether pharmacists wanted to be pixies or pixels – whether they wanted to be “doctors’ little helpers” or part of the bigger picture in community pharmacy. He hasn’t changed his tune since – see p18

LEGAL

Cannabis should be Class C drug

A group of medical and scientific experts has agreed cannabis is safe enough to be reclassified from a Class B to a Class C drug.

However, the Advisory Council on the Misuse of Drugs also warned it is “unquestionably harmful and is anxious that the dangers associated with the use of cannabis preparations are widely known”.

In the ACMD report *The classification of cannabis under the Misuse of Drugs Act 1971*, the Council recommends that the current classification of cannabis is “disproportionate in relation to both its inherent toxicity and to that of other substances that are currently within Class B”. Other Class B drugs include oral amphetamines, anabolic steroids and benzodiazepines.

For more information:
www.drugs.gov.uk

Pay settlement of 3.6pc for Guild

The Guild of Healthcare Pharmacists has settled for a 3.6 per cent increase throughout the pay scales, or a minimum of £400, whichever is greater. Pay for pre-registration graduates will go up 15.82 per cent to £12,900.

Guild officials said this was a “step in the right direction” but are disappointed that the award does not fully correct the problems in salary differentials created in 1999-2000.

The Guild is still pursuing its claim for a 35-hour week.

The settlement for 2002-03 also includes:

- addition of one point to the top of grade D
- removal of the bottom two points of grade H and addition of two new points (£51,242 and £52,289) at the top of the spine
- increase in the emergency duty allowance from £2,130 to £2,297,

- a 3.6 per cent increase to the London allowance

Ron Patc, chairman, Pharmaceutical Whitley Council staff side, said: “While it is pleasing that this pay award is in line with offers made to pay review board groups, it is disappointing that further progress could not be made in correcting all the problems created by the 1999-2000 pay award (erosion of differentials between grades A,B,C,D and D+,E,F,G,H).”

“However this settlement is a step in the right direction and should send a positive signal to pre-registration graduates regarding remuneration potential and a future career in hospital pharmacy.”

Mr Patc said that a consultant pharmacist should be able to progress to the top of the scale, with a salary of over £52,200.

C&D Price Service

In the weekly supplement of March 16, the product Viscotears liquid gel 10g (PIP code 208-2642) was shown as being deleted in error. C&D Price Service would like to point out that this product is still available and apologises for any inconvenience caused.

BNF collection

The latest edition of the *British National Formulary*, the 43rd, is being published next week.

The Commonwealth Pharmaceutical Association is reminding pharmacists that it collects recent editions of the *BNF* and Martindale for redistribution to developing countries of the Commonwealth.

A collection is normally made in November for the last two editions of the *BNF*, but the CPA is also happy to receive recent copies in the meantime. Pharmacists wishing to send in copies of *BNF* 42 should submit them to Betty Falconbridge, administrative manager, Commonwealth Pharmaceutical Association, 1 Lambeth High Street, London SE1 7JN.

Moss wins Hull prison contract

Moss Pharmacy has won a one-year contract to provide pharmaceutical services to Her Majesty's Prison in Hull.

The contract, which starts at the beginning of April, was gained through competitive tendering. Moss already has a contract with the Scottish Prison Service covering 16 prisons.

Helpline for LPS

The National Pharmaceutical Association has launched a telephone helpline and email support to answer queries about local pharmaceutical services.

The helpline is open to NPA members and those who plan to work with community pharmacists in developing LPS.

For more information:

lps.help@npa.co.uk
Tel: 01727 858687 ext 376/293.

Aromatherapy society

The Aromatherapists Society for both the qualified and students is being set up on April 1. Members will be able to obtain insurance and access an international website.

For more information:

www.thearomatherapistsociety.net
Tel: 01903 694435.

MEDICINES

Deaths prompt sibutramine data review

Four deaths associated with sibutramine in the UK and Italy have prompted a review of the drug by the Medicines Control Agency.

The MCA is advising that “patients currently treated with sibutramine can continue to take their medicines as usual, however, if they are unwell they should speak to their doctor”. Italy has

suspended the marketing and distribution of sibutramine.

Up to March 13 the MCA had received 212 reports of suspected adverse reactions with sibutramine. Of these, 93 were considered serious. “In both the [fatal] cases the patients had underlying medical conditions that may have contributed to their death,” says the MCA.

- Following reports in the *British Medical Journal* that fenfluramine had been found in slimming aids supplied by a Chinese herbalist, the MCA has confirmed that an arrest has been made and a “number of items seized”. The MCA was unable to comment further because the police have not brought any charges.



The Tyneside poster campaign

Tyneside in medicine cupboard campaign

Some 300 pharmacies across Newcastle, North Tyneside and Northumberland have been taking part in a "clearing the cupboard" campaign to tackle hoarding of medicines at home.

Besides posters and leaflets in pharmacies, the campaign has been advertised on radio. The aim is to raise awareness of the dangers of unwanted medicines being stored at home, and to encourage the public to discuss medicines with pharmacists.

The scheme, which is funded by the health authorities, drug action teams, health action zone and Northumberland police, is running across the area of the new strategic health authority. Some 30 pharmacists are being funded to record returned medicines.

PRACTICE

Pharmacists keeping pilots secret, claims Numark

Numark has criticised some pharmacists for keeping quiet about medicines management pilots that are doing well.

David Wood, Numark's managing director, said the pharmacists did not want their colleagues to find out the "secrets" behind the pilots' success. "They don't want them rolled out - I know of a few," he said, although he would not name names.

Pharmacists, he added, had to be more positive and proactive if they were to benefit from medicines management.

"Many pharmacists are reluctant to change. Some have been put off with what they've already been involved in so far," he told delegates at a business day held by the British Association of Pharmaceutical Wholesalers.

Many, however, seemed reluctant to spend money to improve their businesses. "What future is there for pharmacy when you've got a chronic lack of investment?" he said.

He hinted that pharmacists were not wholly to blame for shying away from medicines management because the Government's programme was tentative and confusing. It had, for example, allocated £30 million for medicine management pilots, which "... is not a lot of money". And the Government was trying to get different sectors of the NHS to work together to implement the programme.

"This is interesting because we're looking for somebody that will tell us how to do it, but if you've got an evolving process, it

has to be changed often because the rules are always changing. So it's an experimental phase with limited trials and limited funding," he said.

Pharmacists needed a new contract now that reflected the extra services they may take on board. But the results of medicines management pilots would not be known for some time.

"I don't know whether pharmacists can wait that long, considering what's going on so far [with the pace of healthcare changes]," he said.

Numark was trying to help pharmacists by setting up an IT framework that helped to audit compliance, and by introducing a "change management" programme to help them adapt working practices.

PRESCRIBING

Extended nurse guidance

Guidance on implementing extended nurse prescribing, which starts next month, has been issued by the Department of Health.

Extending Independent Nurse Prescribing within the NHS in England has been sent to community pharmacists, primary care organisations, NHS trusts and GPs.

It recommends that all NHS employers keep a list of the nurse prescribers employed by them and a copy of the specimen signature to provide to pharmacists if

required. There is also a section explaining how pharmacists can check the prescribing status of an individual by phoning the UKCC (to be known as the Nursing and Midwifery Council from April).

The extended formulary includes all general sales list and pharmacy medicines which are not "blacklisted" as well as a range of prescription-only medicines.

For more information:

www.doh.gov.uk/nurseprescribing
Tel: 08701 555 455.

SURVEY

'Wellbeing is best monitor of health'

Wellbeing is a better predictor of mortality and morbidity than health, suggests a survey commissioned by Boots The Chemists.

People with a high sense of wellbeing visit their GP less, take more care of their health and enjoy a better quality of life, said Dr David Peters, a member of the research team.

The survey found that although health is one of the key factors associated with a person's wellbeing it is not the most important.

Having good health ranked behind being in control, optimism, physical appearance and social acceptance, claims the *Wellbeing 2002* study.

Dr Peters suggested that "wellbeing packs" could be developed to target patient groups and to improve their health.

He also agreed that study into wellbeing should be incorporated within undergraduate curricula.

A Boots spokesman suggested that pharmacists' role could include offering wellbeing advice.

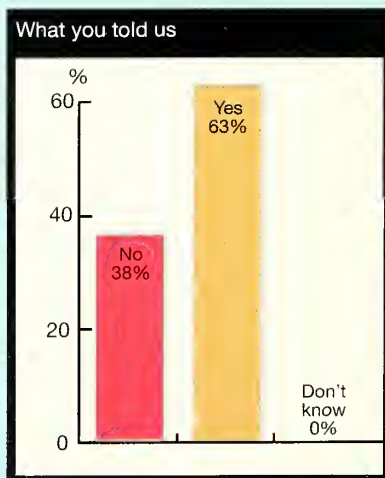
Questiontime

Do you think pharmacists can supervise the supply of medicines while away from their pharmacy, as long as qualified staff work under protocols?

● Yes ● No ● Don't know

You can record your answer on our website: www.dotpharmacy.com on the home page. Select your answer and then click on the vote box. Your answer is automatically collated. You have until noon on March 26 to cast your vote. We will publish the result in *C&D*, March 30.

Last week we asked you: Do you think pharmaceutical companies should not be given a licence for a new drug, which might be given to children, until they have performed paediatric studies?



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FYBOGEL JOINT ESSENTIAL INFORMATION

Active Ingredients: A unit dose (one sachet or two level 5ml spoonfuls) contains 3.5g ispaghula husk BP. It also contains aspartame.

Indications: Conditions requiring a high-fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis.

Dosage Instructions: To be taken in water. Adults and children over 12 – one sachet or two level 5ml spoonfuls morning and evening. Children 6 to 12 – half to one level 5ml spoonful of the granules depending on age and size, morning and evening. Children under 6 – to be taken only on a doctor's advice.

Contra-indications: Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony such as senile megacolon.

Precautions and Warnings: Fybogel contains aspartame and should not be given to patients with phenylketonuria.

Fybogel should not be taken in the dry form. **Side Effects:** A small amount of bloating and flatulence may sometimes be experienced during the first few days of treatment, but should diminish on continued use.

Recommended Retail Price: Ten sachets – £1.86 ex VAT.

50g – £5.10 ex VAT.

Marketing Authorisations: Fybogel (0063/0023), Fybogel Orange (0063/0026), Fybogel Lemon (0063/0024).

Supply Classification: Through registered pharmacies only.

Holder of Marketing Authorisations: Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS.

Date of Preparation: March 2002. Code No: F13/02.

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Nestlé Build-up is packed with protein, vitamins and minerals to provide nutritional supplementation for those with poor appetite or who simply need a nutritional boost. Designed by nutritionists Build-up shakes and soups were recently voted number one for taste.¹

Nearly one in ten elderly individuals in the community is at risk of malnutrition² which could cost the NHS up to £7.3-million per 100 000 people per year.³

As pharmacy is the first port of call for healthcare needs, pharmacists are ideally placed to give advice on nutrition supplementation.

By recommending Build-up supplements, older people can get the nutrients they need to enjoy better health and live life to the full. So when next faced with poor appetite in the community, simply pack in that Build-up taste.



**Charged with vitamins
and minerals**

PRACTICE

Moffat argues for diagnostic role on the high street

Community pharmacists should seize the opportunity to make more use of their science skills on the high street, according to the Royal Pharmaceutical Society's chief scientist.

Professor Tony Moffat welcomed the growth of the provision of diagnostic services through community pharmacies, and believes a large section of the population will benefit from the availability of such services.

If pharmacists are deterred from providing diagnostic services because they believe it will require NHS funding, Prof Moffat argued that not only will the public be prepared to pay for these tests, their employers will, too. "But if the PCTs see [testing] will save money in the long term, the door will be open."

Prof Moffat was addressing the 33rd annual conference of the South East England region of the RPSGB in East Grinstead last Sunday. While the health secretary Alan Milburn believes that keeping people healthy will be far cheaper for the NHS than treating them, the Government has not yet put in place any formal "staying healthy" screening procedures, he said. However, PCTs are showing more interest.

Providing diagnostic testing



Tony Moffat: diagnostic testing is the way forward

would be a way of ensuring that community pharmacies remain at the centre of the community, he argued. As one-stop establishments, community pharmacies would allow people who are well to have their health checked, as well as to receive advice and be able to buy preventative medicines, he said.

There was a role, too, for diagnostics in drug therapy, he said. "In the future, if a patient who just wants a one-stop place to have their therapy monitored, wouldn't it be nice for it to occur in the community pharmacy?"

ONLINE

No hope for EPR targets

The Department of Health has confirmed that electronic patient record (EPR) targets will not be achieved.

The Information Policy Unit has said that the first key interim target in the programme – for 35 per cent of trusts to have level three EPRs in place by April 2002 – will not be met.

Matthew Batchelor, publishing manager for the NHS Confederation, an independent voice for NHS organisations, and author of *Electronic Patient Records in the NHS – the implementation challenge* believes there are two main reasons for not reaching the target. "Much of the new money in the NHS is dealing with a

backlog in spending and also information for health is not always seen as important for frontline care."

Mr Batchelor said it was "increasingly accepted" that EPR implementation would not meet its final deadline of 2005. However, he suggested this should not be seen as "a bad thing" because it was better to have an effective EPR system in place rather than rushing to meet a deadline.

EPRs are one of the core components of the Government's NHS modernisation programme. All contact between patients and the NHS will be recorded in them, allowing clinical staff access.

Lambeth OUTLOOK

Taxation and devolution challenge health delivery

With tax increases on the cards to fund the Government's vision for the NHS, devolution is beginning to make its influence felt in healthcare delivery, notes Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society

On April 17, the Chancellor will deliver his budget statement. Speculation at Westminster has been mounting about the possible tax rises in store to fund the NHS of the 21st century. The issue was further fuelled by Alan Milburn who said in a recent speech to NHS trust board chairmen and women: "If we want sustained investment in the NHS, then we will need to pay for it."

The message seems simple enough, but it was one Labour did not convey – for fear of being unable to win the argument – in the run-up to the 1997 general election. A consequence was that Labour ended up sticking with the Tories' public expenditure plans, and now faces the growing disquiet of a public who expected the NHS to get massively better under Labour.

The Government has realised it needs to be seen to be taking the hard decisions to save the NHS (again!). But Gordon Brown's habitually cautious estimates of the Exchequer's income could well see a few billion appear as if by magic to feed the NHS. Look out, too, for a modest adjustment to National Insurance, the one tax he would not rule out raising during the last election.

Meanwhile, those of us interested in the delivery of improved pharmacy services will have noticed that devolution is leading the home nations to use their freedom to do things a little differently.

The Right Medicine: a Strategy for Pharmaceutical Care in Scotland was published last month by Malcolm Chisholm, the Scottish Executive's health minister, who appears to have taken on board the message that pharmacists are seeking a more integrated role in healthcare so as to make better use of their knowledge of medicines



and their skills as providers of advice and support.

The Scottish pharmacy plan contains much that will hearten pharmacists. It represents an interesting development from the English Department of Health's *Pharmacy in the Future* document, which had previously set out a direction of travel. A key theme is improving access to pharmacists' support for patients, professionals and NHS institutions.

Since Scotland's plan was announced, we have also had Bairbre de Brún – the Sinn Féin member who is now minister for health, social services and public safety in Northern Ireland – announcing that pharmacists will have seats on its primary care organisation management boards. And the Welsh Assembly promised to integrate pharmacy into its key health strategy. It, too, has taken a different view from Westminster, with pharmacists sitting by right on local health boards.

At the moment, all administrations rely for their funding on the UK taxation regime and UK-wide economic performance. Scotland has the ability to raise the extra income, if it chooses, or to levy lower taxes. As Gordon Brown prepares his budget and calculates how much to grant Alan Milburn, he will also have an eye on the devolved administrations.

Scotchchem lines

The correct number of lines stocked by Scotchchem, the new Scottish wholesaler, is 1,000-2,000, not 11,000-12,000 as stated in last week's C&D (March 16, p10).

Numark seeks pharmacists

Numark is introducing a shareholder agreement aimed at attracting health centre pharmacists. Taking into account the mainly NHS-based nature of a health centre pharmacy's business, the new agreement does not require them to be involved in non-medical OTC-promotions.

Existing Numark shareholders have to undertake four window-promotions of front-shop lines per month, and four P medicine promotions behind the counter.

Health centre pharmacists will have to pay the standard Numark membership fee (£56/month) and half the advertising levy (£10/month) high street-based pharmacists are being charged.

As part of the agreement, health centre pharmacists also have to run four monthly P-medicines promotions.

● Last week, Numark's membership exceeded 1,500.

Phoenix 'improves credit note system

Phoenix Healthcare Distribution has simplified its credit note system. Under the previous system, the notes used to be issued by the depot from where the product originated.

Now that Phoenix's depots have been integrated into a national network, only the pharmacy customer's host – or main Phoenix depot – will send out the credit notes. Phoenix's customers will now receive all their credits together.

NCC buys two pharmacies

The National Co-operative Chemists has acquired two village pharmacies at Ormesby and Marham in Norfolk.

Thirteen full and part-time staff have transferred to NCC, which now has 289 outlets.

Galen to sell clinical trials business

Northern Ireland-based Galen Holdings is reportedly planning to sell its Clinical Trial Services division to Hg Capital – previously known as Mercury Private Equity – for up to £250 million.

WHOLESALE

Alliance UniChem enjoys record full-year profits

Alliance UniChem has exceeded City expectations with year-end profits up 19 per cent to £159.1 million on a turnover of £7.314 billion – up 18 per cent.

The result partly reflects the contribution of 241 pharmacies that the group acquired throughout Europe during the year – including 114 outlets in the UK – and AU's move to control its costs.

AU's retail operating profit, before goodwill, rose 33 per cent to £56.4m, while the turnover grew 31 per cent to £719.7m. The group had 1,008 pharmacies across Europe during the period.

It expects better returns from its Continental outlets, once the one-off costs involved in acquiring them have been absorbed.

Moss Pharmacy, which grew to 767 outlets, had a "strong commercial performance". Its NHS script business grew 6.9 per cent, compared with the market's growth of 6.5 per cent.

Jeff Harris, AU's chairman, said Moss' sales would probably grow around 7 per cent this year.

AU said that Moss's Total



Jeff Harris: "We should see double-digit growth this year"

Health outlets were performing extremely well, and that the chain's traditional outlets were also rolling out professional services.

It admits that the shortage of pharmacists remains a problem, but said it was not forced to close any outlets because pharmacist area managers worked as locums to fill in any gaps.

UniChem's sales grew 9.5 per

cent to £1.833 bn, while its operating profits rose 11 per cent to £54.5m. UniChem chairman, Jeff Harris, expects the company's sales growth to slow down this year as it feels the impact of generic competition on selected brands. Its sales are forecast to grow around 4.5 per cent.

The group's northern Europe wholesale division, meanwhile, saw its turnover rise 35 per cent to £2.434bn. Its operating profit grew 40 per cent to £71m.

AU benefited from a full-year's contribution from Dutch wholesaler Interpharm, which the group acquired in October 2000, completing the deal in December.

While AU is closely monitoring the Office of Fair Trading's review of pharmacy contracts and the review of reimbursements on generics "...we see nothing to cause us to believe that market growth will not continue".

Mr Harris said: "I'm very pleased with our performance. As European sales will remain steady, we're likely to see further organic growth, we should see double-digit growth this year."

WHOLESALE

UniChem teams up with Flexiscript ETP

UniChem has joined the Flexiscript electronic transfer of prescription consortium.

The wholesaler pulled out of TranScript, a rival consortium, last December because it did not believe that the consortium's push model was the best for electronic prescribing.

Flexiscript favours the pull approach. Chris Etherington,

UniChem's managing director, said: "We believe that the success of the relay model lies in its ability to automate the existing system.

"Flexiscript's model provides better patient choice and, ultimately, will provide greater potential for additional development."

UniChem is the first wholesaler

to join Flexiscript, whose founding members are Boots The Chemists, National Co-operative Chemists, Cable & Wireless and Microsoft.

The wholesaler will now be sharing the costs of operating Flexiscript's pilot in Peterborough, which currently already involves one Moss Pharmacy outlet.

GENSIN

Bayer suffers major slump in profits

Bayer AG saw its pre-tax profits tumble 63 per cent to €1.1 billion (£680 million). Group sales declined by just over two per cent to €30.3bn (£18.8bn).

Sales in the pharmaceuticals and biological products division, which had experienced major problems – the withdrawal of Lipobay as well as production

problems for its factor VIII product Koginate – fell 6.7 per cent to €5.8bn (£3.6bn).

Bayer said the withdrawal of Lipobay alone had cost the company €700m (£434m) in projected sales.

Meanwhile, Bayer AG's envisaged future corporate structure is to be operational from

July, with the official launch of the holding company expected six months later.

Bayer intends to form four legally independent subsidiaries. Bayer Healthcare AG, Bayer CropScience AG, Bayer Polymer AG and Bayer Chemicals AG – under the umbrella of the holding company.

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Thornton ploughs £13.5m into 21 SSL OTC brands

Thornton & Ross has acquired 21 over the counter brands from SSL International for £13.5 million. T&R has also received 13 inactive trademarks from SSL as part of the transaction.

T&R's newly acquired OTCs are: Transvasin, Goddards Embrocation, Mycota, Dermidex, J Collis Browne, Pripsen, Fenox, Lloyds Cream, Orovite, Morhulin, Virasorb, Gastrocote, Eucryl, Sominex, Ellimans Embrocation, Yeastvite, Anodesyn, Asilone, Relaxyl, Cymalon and Crampex.

T&R bought the brands in a competitive tender, where it was pitched against an unspecified number of other companies.

Brian Buchan, SSL's chief executive, said it had sold the brands to concentrate on its leading products, such as Meltus and Remegel.

"The complexity of our UK OTC portfolio, with more than 50 brands, has had an adverse impact on our manufacturing efficiency, customer service and marketing



T&R chief executive Dieno George

effectiveness. This disposal, representing 15 per cent of our UK OTC sales, will allow us to focus on our remaining OTC portfolio," he said.

The brands transferred to T&R had sales of around £8.6m for the

year to March 31, 2001, and earned profits – before operating expenses – of around £5.7m.

Following the disposal, SSL will continue to manufacture certain brands on behalf of T&R for a few months.

As part of the deal, T&R also receives manufacturing equipment used to make the brands. This is in SSL's Guernsey and Peterlee sites and will be transferred to T&R's plant in Huddersfield over the next year.

After accounting for acquired goodwill of £36m, previously written off to reserves, SSL will incur a pre-tax loss of around £22m over the deal.

Dieno George, T&R's recently appointed chief executive – formerly SSL's group managing director – said the OTC brands would be developed alongside T&R's established Care OTC generic range.

"We're going to provide the right platform for both," he said.

Daktacort™ HC

Presentation:

White, homogeneous, odourless cream containing miconazole nitrate 2% w/w and hydrocortisone acetate equivalent to hydrocortisone 1% w/w.

Uses:

Sweat rash (candidal intertrigo) and athlete's foot associated with fungi and bacteria where inflammation is present.

Dosage and administration:

For topical administration. Apply the cream twice a day to the affected area. Maximum period of treatment is 7 days.

Contra-indications:

Hypersensitivity to any of the ingredients. Tubercular or viral infections of the skin or those caused by Gram-negative bacteria. Use on broken skin, large areas of skin, for treatment longer than 7 days; to treat cold sores and acne; use on the face, eyes and mucous membranes. Should not be used unless prescribed by a doctor during pregnancy and lactation, children under 10 years of age, on the ano-genital region, to treat ringworm or secondary infected conditions.

Precautions:

Care should be taken when applied to extensive surface areas or under occlusive dressings. Long term continuous therapy or application to the face should be avoided.

Side-effects:

Rarely, local sensitivity may occur requiring discontinuation of treatment.

Legal category: P.

Price: 15g tube £4.79.

PL Holder:

Janssen-Cilag Ltd, High Wycombe, HP14 4HJ.

PL: PL 0242/0367.

Date of preparation: August 2001

Further information is available from: Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF

References:

1. IMS MDI 1995-Q1 2001.
2. IMS British Pharma Index, year ending Dec 2000.

Coming Events

MARCH 25

NICPPET

Time Management at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am-5pm.

MARCH 27

NICPPET

Therapeutic Drug Monitoring at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am-5pm.

MARCH 28

Dundee and Eastern Scottish Branch, RPSGB

Diabetes – How Can Pharmacy Contribute to Care? at the Dundee Contemporary Arts Centre, Nethergate, Dundee, 7.45pm.

NICPPET

Meeting the Needs of Clinical Directorates at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am-5pm.

Armed attacks on pharmacies are rising

Armed robberies at pharmacies in Greater London have more than trebled over the last four years, according to figures released by the Metropolitan Police's Flying Squad crime prevention unit.

While only three such robberies (ie including the use of a firearm) on pharmacies were reported in the second half of 1997, the Flying Squad was notified of 10 incidences during the second half of last year.

The biggest increase was seen during the early part of 2001, when the number of robberies on chemists rose from three to eight.

DC Claire Bacon, intelligence officer for the squad's commercial robbery unit, said that the fact that drugs are becoming more difficult to obtain on the street meant that pharmacies were increasingly becoming a target.

"The nature of the drug scene also makes it easy for these people

to get hold of a firearm," DC Bacon added.

However, pharmacies do remain a minor target, with off-licences and convenience/grocery stores topping the table with 69 and 57 robberies respectively.

Generally, there has been an 83 per cent reduction in the number of robberies during 2001.

Betting offices and banks were among the main beneficiaries of this trend, while robberies of other commercial premises more than doubled (+129 per cent) during the same period.

Meanwhile, figures released by the insurance company Eagle Star show that burglaries, vandalism and weather damage are the main causes of insurance claims. Eagle Star's claims monitor reveals that 28 per cent of claims are the result of burglary and theft; 22 per cent cover glass shop front damage; 13 per cent result from storm damage; and 7 per cent are claims following escape of water.

7.1 million prescriptions to date¹ Now it doesn't need one

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DaktacortTM HC cream

treatment of Inflamed athlete's foot and sweat rash

antifungal antibacterial anti-inflammatory

Based on the most widely prescribed antifungal/steroid agent,²
DaktacortTM HC is now available in pharmacy

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CONSUMER PHARMACEUTICALS

Comment

from the Editor



So the current interpretation of “supervision” as practised in community pharmacy is behind the times and “goes further than the law requires”, according to the RPSGB’s head of professional services (*p4*). This personal view indicates which way the wind blows as the skill mix debate goes public. “Supervision” has been bounced around at high level meetings for some months but, with the DoH’s chief pharmacist expected to produce a paper in the next few weeks, it is now time for pharmacists at the sharp end to take a view.

Encompassing workforce strategies, technician registration, and supervision, getting it right on skill mix is viewed by many as fundamental. It will lay the foundations and set the boundaries for the services pharmacists can deliver from the national pharmacy strategies. Nobody is arguing about whether pharmacists should perform a final check on dispensed medicines any more. With the multiples now employing checking technicians (*C&D March 9, p12*), practice has moved on. Any debate here is only for dodos.

It essentially hinges on whether pharmacists need to be on the premises to adequately supervise the sale or supply of medicines. Or whether, with adequate SOPs and trained staff, they can be freed. Many elements of the various pharmacy strategies would be more effective if pharmacists could absent themselves for short periods (along with their mobile phones). But can we still promote the pharmacy as high street health centre – no appointment necessary – if the key player isn’t always there? And why have a category of Pharmacy medicines without a pharmacist? This is what “supervision” comes down to, and many pharmacists will find themselves between a rock and a hard place trying to reconcile their views.

With pharmacy multiples now employing checking technicians, debate about the final check is only for dodos

Your views

Please e-mail your views to chemdrug@cmpinformation.com

Please don't snipe, just hear the facts

Here at Asda we were outraged by the comments made by Xrayser (*C&D, March 16, p15*).

How dare your contributor say that we’re “putting the boot” into existing pharmacy contractors – it’s precisely because we’re so concerned to ensure that pharmacies are able to meet their growing primary healthcare role that we made our evidence on pharmacy contract controls available to the Office of Fair Trading.

In our view, it’s time to end the status quo that has left us with fewer pharmacies per capita than many European partners, in locations that do not reflect the changing needs and demands of patients.

But rather than snipe anonymously from the sidelines, we would invite your contributor and, indeed, anyone from *C&D*,

to visit one of our community pharmacies to hear the facts directly from our team of pharmacists. Then, perhaps, you will understand why we passionately believe that change to the contract regulations is in the best interests of the only people who matter – patients.

David Miles,
Pharmacy director, Asda

Contract limitation is a fair system

I am concerned by Asda’s recent “claims” that consumers are being ripped off to the tune of £420 million when purchasing medicines because Asda is being prevented from offering pharmacy facilities in some of its stores.

Contract limitation was introduced to ensure proper distribution of a vital healthcare

service. It is not about the price of medicines, and this is the fundamental flaw in Asda’s argument.

Increasing the number of pharmacies will not reduce the price of medicines. And I challenge Asda to substantiate the figure of £420m, which, the company claims, will be saved.

Pharmacy contracts are limited for good reason. The present rules that govern their distribution are there to ensure that all members of society have access to comprehensive, well-distributed services. Anything that is done to destabilise this distribution will ultimately disadvantage those who need such services most.

By managing pharmacy contracts in this way, the Government can ensure that a service is being provided where it is needed most – near the more vulnerable members of society for whom free medical advice can be

vital. Research shows that medicine sales do not increase as a result of price-cutting – medicines are not ordinary items of commerce and their proper use needs the intervention of trained staff.

We need only look back to the 1980s, before contract limitation was introduced, to ask why anyone would want to go down a route previously tried and rejected as a result of the chaos it created?

The Office of Fair Trading has been asked to look at contract limitation. I am sure that it will consider very carefully the consequences of any significant change to the present system, which serves the community well.

In any event, the outrageous claims made by Asda cannot go unchallenged. Contract limitation is not about the price of medicines.

Mike Smith
Non-executive director, UniChem

BlackBAG

Fine words, but poor presentation

Panto season came early this year for the British Medical Association with the publication of a policy document that wasn't, erm, a policy document.

Basically, it proposed that nurses take over the role of gatekeeper to the NHS, currently the function of GPs – so eyebrows were raised. There were also some red faces, not least because the document was for discussion and not a statement of BMA policy.

The content became lost in recriminations, which was a shame because there were a number of commonsense suggestions, such as the enhanced role of pharmacists. More importantly, the notion of better multidisciplinary work between all health professionals is becoming vital, not just desirable.

Males in Dorset have a life expectancy 10.7 years more than those in Glasgow. Dorset also has such a high level of young male suicides that it was overtaking road-traffic accidents as the single greatest cause of young male deaths. Prevention initiatives across the UK were having little

... there were also some red faces, not least because the document was for discussion

impact on this tragic loss of life.

Instead of directing all the preventative work towards one group of health workers, Dorset targeted every shade of healthcare worker and united them as a multidisciplinary task force. They reduced the suicide rate by half, while the rest of the UK remained static or got progressively worse.

A major issue must be the multifactorial causes of suicide. It is impossible, for instance, for a GP to prevent a suicide if the man or boy had never consulted them. Pharmacists, however, are often the first to recognise inappropriate purchases of paracetamol. The debate about "who does what" requires a rise in the level of co-operation rather than eyebrows.

Dr Ian Banks is a practising GP in Northern Ireland

TOPICAL REFLECTIONS

Exquisite timing helps to protect company profits

I have to take my hat off to Pfizer for its well-timed introduction of Cardura XL 4mg to the market and the withdrawal of the original 4mg tablets.

First, parallel imports dried up at the end of last year and then any residual UK supplies became exhausted by the end of February – just enough time to ensure that most GPs had little choice but to switch their patients to Cardura XL 4mg before generic competition becomes available in April.

Then, in April, the fun really starts because generic doxazosin will become available and the price will plummet. Some patients will be switched back to plain 4mg tablets, but many will be maintained on the now expensive Cardura XL alternative until GPs are convinced of the equivalence of the generic product. In all this, the

patient seems to have been the last to be considered because, however much Pfizer might maintain the superiority of the XL formulation, the reality is that most patients will be as stable on the generic 4mg tablets as they will be on the alternative. So those patients will be switched back as the effect on the prescriber's drug budget becomes apparent. And all this to protect profits!

Patent protection is designed to reward innovation and encourage development. I look forward to the innovative original drugs Pfizer is able to market, funded by the returns earned on Cardura. Meanwhile, I wish every success to generic doxazosin and the contribution it should now be allowed to make to containing drug costs in the NHS.

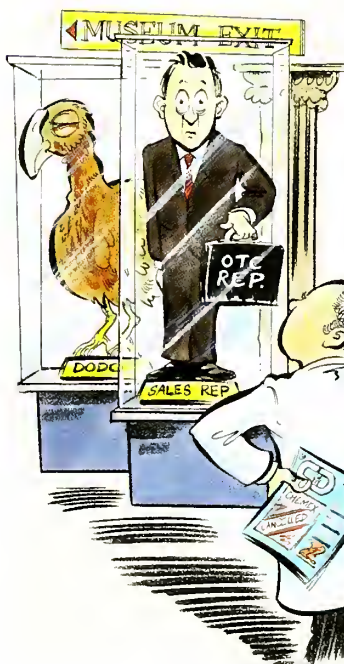
Viva RPM... a sensible view from the public

The effect of the removal of price controls on OTC medicines has been less than expected, but the side effects are still there. I was recently confronted by an irate lady who had purchased a cough mixture at a very low price elsewhere. She tried to buy another bottle only to find that the outlet had no more stock and she now had to pay unreasonably more to buy from me! I felt myself starting to wilt, then an elderly gentleman came to my rescue. He supported

my argument by suggesting that all medicines should be price controlled. Had I at last met a discerning member of the public who understood the consequences of full-price competition and its detrimental effect on small businesses?

"Yes," he went on. "There should be a controlled wholesale and retail price." But then, the crunch came as he cried: "Nobody should be allowed to sell above that controlled price, only below!"

The art of buying ain't what it used to be



I was saddened to read of the cancellation of this year's Chemex Exhibition (*C&D* March 16, p10) but, on reflection, not totally surprised. Perhaps it is a sign of the times because, in the same issue, a senior industry manager commented on the decreasing number of sales representatives employed by the OTC industry and the increasing influence of new methods of purchasing, such as the internet site operated by Starpharm (*Industry Viewpoint*).

Certainly, I see fewer and fewer reps, and many of those I do see are working for brokers selling the ranges of a number of manufacturers. That is fine for bread-and-butter lines, but I miss the enthusiasm of the dedicated representative with the flexibility to wheel and deal on an individual basis. I learnt many years ago that buying well is the art of the successful seller. It is not the purchase of goods that is difficult. The difficulty is buying the right goods, in the right quantities, at the right time. And, for this, I need good sales information and a "feel" for the market.

But with representation being reduced, purchasing being channelled inflexibly through the internet; and quality trade exhibitions such as Chemex under threat, the art of buying as I have known it could easily be lost. I hope passionately that Chemex 2003 will become a reality and that I will continue to enjoy the patronage of sales reps. Meanwhile, the information and advertisements appearing weekly in *C&D* will become even more essential reading for my Saturday afternoon than it has in the past.

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Report LHCC Conference



Presenting projects in which they have been involved were (left to right): Graeme Bryson (Ayr, Prestwick & Troon LHCC); Helen Lindsay (Glasgow Pharmacy Audit Programme); Rosemary Johnston (Fife Primary Care Trust); and Fiona Reid (Newbyres Medical Group)

PLGs and budgets right medicine for Scotland

Pharmacy locality groups that will hold and manage pharmacy budgets are the most important concept of the Scottish pharmacy strategy, says Scotland's chief pharmacist Bill Scott.

"It will allow pharmacists to determine their own fate. Any savings can be reinvested in pharmacy services," he said at the LHCC Pharmacists' Conference in Dunblane last weekend.

PLGs, which will comprise all community and associated hospital pharmacists within an LHCC boundary, are to be set up during 2003, according to the timetable set out in the strategy document, *The Right Medicine*.

Mr Scott explained that local healthcare co-operatives would be the fundamental building blocks in primary care. And pharmacy needs to be there as a group, he said, setting out where he envisaged pharmacy service provision to be in five years' time.

By 2006, LHCCs will be truly multidisciplinary with a focus on improving health; pharmacy's unique high street position will be recognised; and the majority of the pharmacy workforce will be engaged in providing quality clinical care, which is what remuneration will be based on.

There will be pharmaceutical care centres with pharmacists working in an integrated way

with other agencies. "Nurses in walk-in centres in England are not doing anything that pharmacists are not doing now," he said. "Why re-invent walk-in centres when that is duplicating much of what community pharmacists do?"

Money from the NHS Modernisation Fund is already being invested in developing pharmacy premises to make them fit for this role.

Mr Scott was scathing about current service provision.

LHCCs are medically dominated, initiatives are centred around GP surgeries, and new monies tend to go mainly on nurse-led developments, he said.

Practice pharmacists are controlled by the LHCC administrator and the direction

of the profession's development is being determined by GPs, he added.

"Community pharmacists are disenfranchised – they are the second-class citizens of the profession. There is a poverty of thought about the whole system of primary care. There is a lack of strategic planning for pharmaceutical services. The majority of the workforce is still engaged in mechanical tasks.

"The remuneration system has the perverse incentive of rewarding volume, not quality. There are too many pharmacists working in GP surgeries, performing low-grade tasks surrounding the drugs budget.

Continued on page 21



Scotland's chief pharmacist Bill Scott (right) with chairman of the RPSiS, Alison Strath. Decorating the backdrop are Findlay Hickey, RPSiS deputy secretary, son Hamish and wife Clara

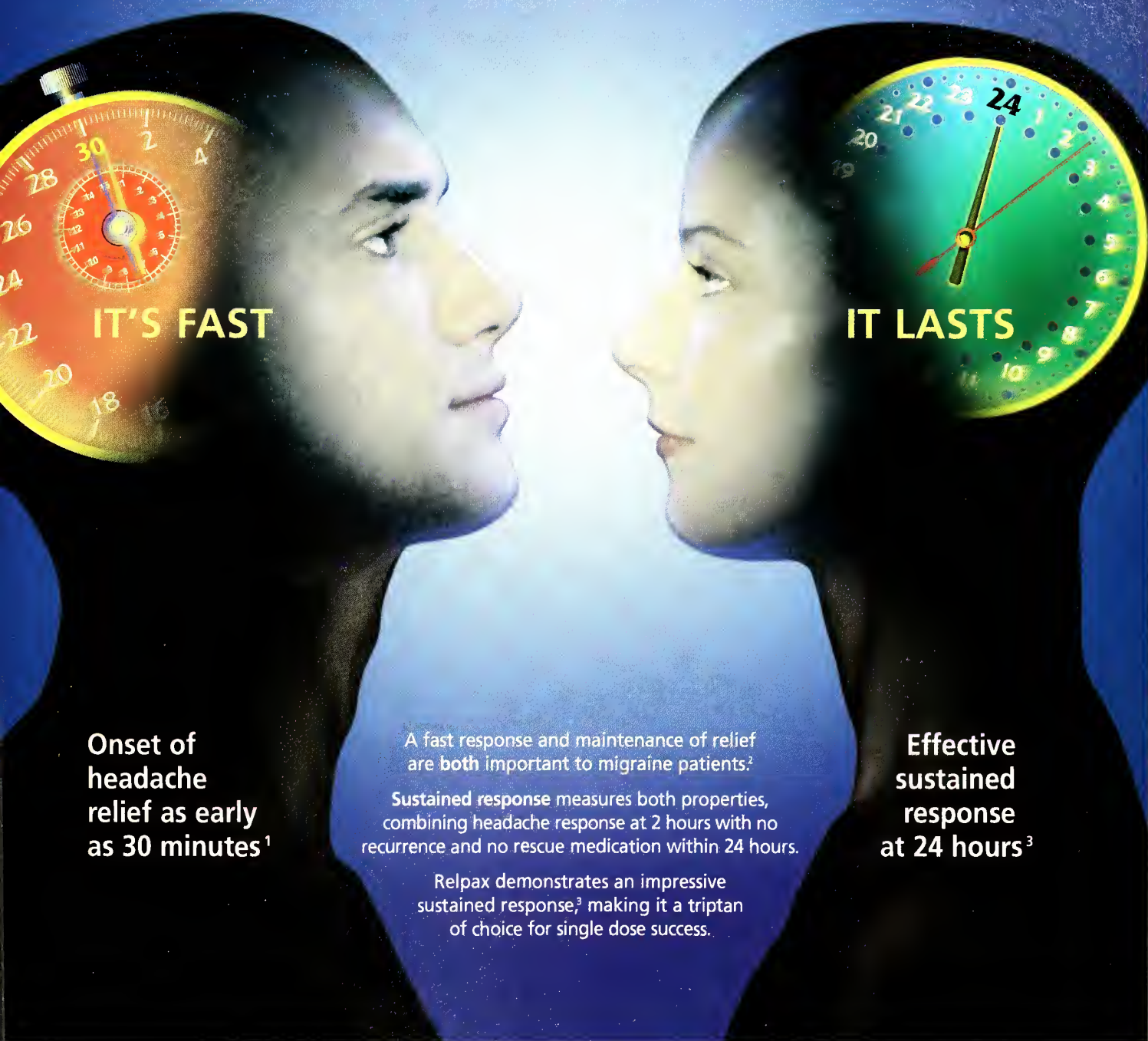
ABBREVIATED PRESCRIBING INFORMATION RELPAX™ (Eletirp, hydrobromide) Presentation: Film-Coated Tablets containing 20mg, 40mg eletirp hydrobromide. **Indications:** acute treatment of headache phase of migraine with or without aura. **Dosage:** Adults (18 years of age): recommended initial dose is 40mg taken as early as possible after the onset of migraine headache and swallowed whole with water; if headache returns within 24 hours - a second dose of the same strength can be given after 2 hours have elapsed since the initial dose. **Contra-indications:** 1) hypersensitivity to components of drug, 2) severe hepatic or renal impairment, 3) moderately severe/severe hypertension/untreated mild hypertension, 4) confirmed coronary heart disease - including ischaemic heart disease (angina pectoris, previous myocardial infarction or confirmed silent ischaemia), objective/subjective symptoms of ischaemic heart disease or Prinzmetal's angina, significant arrhythmias or heart failure, 5) peripheral vascular disease, 6) history of cerebrovascular accident or transient ischaemic attack, 7) concomitant administration of ergotamine/derivatives of ergotamine (including methysergide) within 24 hours before or after treatment with Relpax. **Warnings/Precautions:** 1) Relpax should not be used with potent CYP3A4 inhibitors e.g. ketoconazole, itraconazole, erythromycin, clarithromycin, josamycin and protease inhibitors (ritonavir, indinavir and nelfinavir). Relpax should be used only where a clear diagnosis of migraine has been established. Relpax is not indicated for hemiplegic, ophthalmoplegic, basilar migraine, 3) Relpax should not be given for treatment of atypical headaches i.e. headaches related to a possibly serious condition (stroke, aneurysm rupture) where cerebrovascular vasoconstriction may be harmful, 4) if chest pain/tightening develop indicating ischaemic heart disease, no further dose of Relpax should be taken and appropriate evaluation should be carried out, 5) Relpax should not be given to patients at risk of/w/with coronary artery disease without prior cardiovascular evaluation, 6) 5-HT₁ agonists have been associated with coronary vasospasm and in rare cases myocardial ischaemia/infarction have been reported, 7) undesirable effects may be more common during concomitant use of triptans and St John's Wort (Hypericum perforatum), 8) within clinical dose range, slight, transient increases in blood pressure have been seen with Relpax doses of 60mg or greater, the effect being particularly pronounced in renally impaired and elderly subjects. However, the increases have not been associated with clinical sequelae in the clinical trial programme. **Interactions:** Effects of other drugs on Relpax - 1) clinically significant effect was seen with propranolol 160mg, verapamil 480mg or fluconazole 100mg, 2) Co-administration with erythromycin or ketoconazole caused significant increases in Relpax plasma concentrations; therefore Relpax should not be used together with potent CYP3A4 inhibitors and protease inhibitors, 3) Either ergotamine-containing or ergot-type medications (e.g. dihydroergotamine) are not recommended within 24 hours of Relpax dosing. At least 24 hours should elapse after administration of an ergotamine-containing drug before Relpax is given. The following drugs are unlikely to have an effect on the pharmacokinetics of Relpax: beta-blockers, tricyclic antidepressants, selective serotonin uptake inhibitors, oestrogen based hormone replacement therapy, oestrogen containing oral contraceptives and calcium channel blockers. Relpax is not a substrate for MAO hence interaction between Relpax and MAO inhibitors is unlikely. **Effect of Relpax on other drugs:** There is evidence that clinical doses of Relpax will inhibit or induce cytochrome P450 enzymes including CYP3A4, therefore Relpax is unlikely to cause clinically important drug interactions mediated by these enzymes. **Pregnancy and Lactation:** Pregnancy - Only use if clearly needed. Lactation - Relpax is excreted in breast milk. Avoid breast-feeding to babies after treatment. **Effect on ability to drive and use machinery:** Relpax may cause drowsiness or dizziness. Patients should evaluate their ability to perform complex tasks during migraine attacks and after treatment. **Adverse Effects:** common (>1%) - asthenia, chest symptoms (pain, tightness or pressure), headache, abdominal pain, back pain, dizziness, sensation of warmth or flushing, palpitation, tachycardia, hypoaesthesia, vertigo, nausea, dry mouth, throat tightness, dyspepsia, pharyngitis, myasthenia, myalgia, somnolence, dizziness, tingling/numbness, abnormal sensation, feeling of tightness or stiffness, uncommon (>0.1% - malaise, face oedema, peripheral vascular disorder, diarrhoea, and glossitis, thirst, oedema and peripheral oedema, arthralgia, arthrosis, bone pain, tremor, hyperaesthesia, thinking abnormal, agitation, insomnia, confusion, ataxia, depersonalisation, euphoria, hypokinesia, spasm, depression, stupor, dyspnoea, rhinitis, respiratory disorder, rash, pruritus, abnormal vision, ear pain, eye pain, photophobia, taste perversion, tinnitus, lacrimation disorder, urinary frequency, urinary tract disorder, polyuria, rare (>0.01%) - shock, bradycardia, constipation, oesophagitis, tongue oedema, enucation, lymphadenopathy, bilirubinemia, increased AST, arthritis, myopathy, emotional lability, twitching, asthma, respiratory tract infection, voice alteration disorders, urticaria, conjunctivitis, breast pain, menorrhagia. **Pack quantity and price:** pack of 6 tablets: £22.50 (Relpax 20mg) and £22.50 (Relpax 40mg). **Marketing authorisation numbers end in PL 00057/0452, PL 00057/0453; Pfizer Limited, Sandwich, CT13 9NJ, United Kingdom. Legal category:** POM. Further information can be obtained from: Medical Information Department, Pfizer Limited, Daks, Dorking Road, Tadworth, Surrey KT20 7NS, United Kingdom. **Preparation:** 2 January 2002. **References:** 1. Hettiarachchi J on behalf of the Eletirp Steering Committee. Headache, 1999; 39: 35. 2. Silverstein SD. Headache, 1995; 35: 387-396. 3. Data on file - 096



REL 071

February

Together against migraine



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Report LHCC Conference

◀ Continued from page 18

It is short-term thinking, which may save the practice money, but it is money that is not being reinvested in pharmacy."

However, he warned that: "The Right Medicine is not a strategy for pharmacy. It is a strategy to improve patient care. It outlines the contribution that pharmaceutical care can make to the NHS."

It is based on the experiences from projects that the Scottish Executive has funded, and the roll-out of those projects into services.

There is huge variation within community pharmacies, he continued. "Just as the eyes are the window of the soul, so community pharmacy is the window of the profession. We need to give the public a 21st-century vision of pharmacy."

He also called for a fundamental review of the Royal Pharmaceutical Society, which "is part of the problem, not the solution at the moment".

Other items on his "must do"



Marion Robertson (Airdrie LHCC) collected the conference prize for the best poster submission from chief pharmacist Bill Scott. Her poster outlined the results of an LHCC-wide audit of SIGN Guideline 41, secondary prevention of coronary heart disease following myocardial infarction. This recommends treatment with statins, aspirin, beta-blockers and ACE inhibitors post-MI. GP practices were able to see how they compared with others

list are to develop pharmacist prescribing and an integrated IT platform for NHS pharmacy.

"This is a fundamental weakness. We should be able to access the whole patient record," he said.

To achieve the vision there needs

to be commitment from pharmacists, and an understanding of the direction of travel. For each action outlined in the strategy there will be a national framework with local implementation.

● Pharmacies in Ayrshire & Arran should all be connected to the NHSnet by the end of March, according to RPSiS chairman Alison Strath. Dundee is "coming along soon". Discussions are taking place about rolling out NHSnet to pharmacies in other areas later this year. It is unclear, however, how much support will be provided to allow this to happen.

● The evaluation of the NHSiS-funded direct supply or OTC service being offered to the public in Arbroath and Patna is "encouraging", according to chief pharmacist Bill Scott. "I would like to see it rolled out as a service," he said. Patients can ask through their GP to have minor ailments treated in the pharmacy. After patients have registered at a pharmacy the pharmacist can treat them with medicines from an agreed formulary. The cost of the medicines is taken from the GP's drug budget, but the scheme relieves pressure on the GP's appointment list.

● A new Health Education Board for Scotland to integrate medical, dental and pharmacy education is being launched on April 2.

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The No. 1 emollient brand¹ has just become even more pleasant for your customers to use. Clinically proven E45 Cream is now available in a new 500g pump pack offering improved hygiene as well as great convenience.

PRESCRIBING INFORMATION. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, dry skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Adults, children and elderly. Apply to the affected part two or three times daily. **Contra-indications:** E45 Cream should not be used by patients who are sensitive to any of the

ingredients. **Undesirable effects:** Occasionally, hypersensitivity reaction otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g tub, 500g pump pack. **Basic NHS Cost:** 50g £1.18, 125g £2.39, 500g £6.20. **Legal category:** GSL. **Product licence number:** PL0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG9 1LP. **Date of preparation:** January 2002. **Reference:** 1. AC Nielsen, Grocery and Pharmacy, Volume, MAT May/Jun 01.



Actinic keratoses can be the first step to skin cancer. *Dr Barry Monk*, consultant dermatologist, Bedford General Hospital, explains what can be done

Danger in the sun

Actinic keratoses (AKs), sometimes known as solar keratoses, are becoming increasingly common, even in temperate climates, as a result of demographic and lifestyle changes.

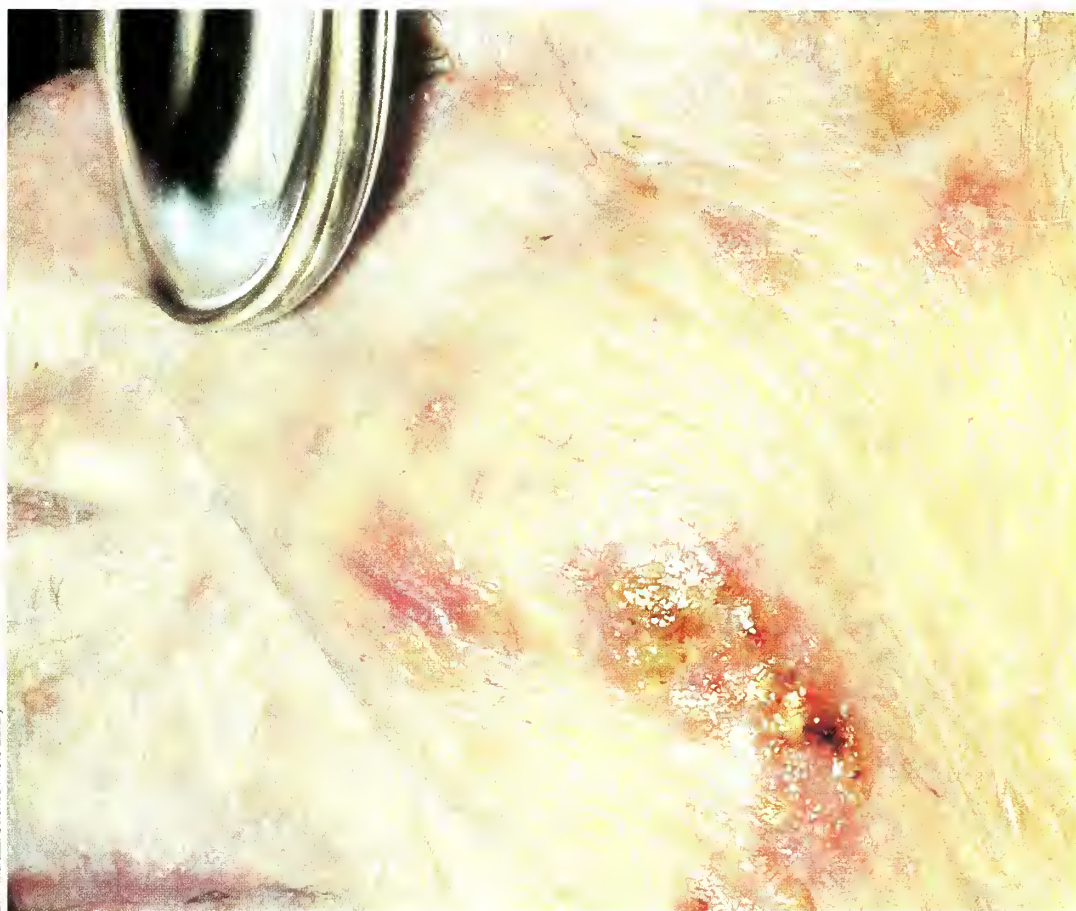
Although unsightly, AKs' clinical significance lies in their perceived position as the first clinical stage on a pathway of malignant transformation that ends in squamous cell carcinoma. Community pharmacists are in an excellent position to advise customers with dermatological lesions about the need for further help, as well as to provide information and advice on ongoing sun protection.

Appearance

AKs are erythematous lesions with a dry, irregular scaly surface. They are usually less than 1cm in diameter. Lesions are often multiple and arise especially on sun-exposed skin, such as scalp, forehead, ears and backs of hands. Ultraviolet exposure appears to be the major environmental cause for both AKs and squamous cell carcinoma.

The prevalence of AKs is 25 per cent in the northern hemisphere, increasing to 60 per cent in Australian adults. In a recent British study¹ of 968 people over 40 years of age, the prevalence of AKs was 15.4 per cent in men and 5.9 per cent in women. This increased to 34.1 and 18.2 per cent respectively in those over 70. The risk was highest in people with red hair and freckles, especially women. People who take part in outdoor leisure pursuits such as sailing, golf and even gardening, or who spend a lot of time outdoors through the course of their work, are especially at risk.

Because of the growing proportion of elderly people and increasing sun exposure, the number of AKs is set to rise over the next few years. Skin type is the major determinant of cutaneous reactions to UV and studies are



Dr P. Marazzi/Science Photo Library

Solar (actinic) keratosis, an ulcerating condition of the skin that occurs in middle or old age and is caused by over-exposure to sunlight

beginning to uncover the genetic and phenotypic variants influencing this response. AKs and skin cancer arise from the interaction of a person's genetic constitution and environmental factors.

AKs appear to be a first clinical step on a pathway leading to squamous cell carcinoma. The proportion that transforms is estimated to start from around 0.1 per cent², but may be much higher. Additionally, many patients have multiple lesions, which may coalesce to form plaques on sun-exposed areas. Such patients are at increased risk of transformation. While some AKs regress, these are the exception rather than the rule. For example, one study² followed

subjects aged over 40 years for 12 months. In this cohort, only 10 per cent of lesions resolved spontaneously. Moreover, 97 per cent of squamous cell carcinomas have been associated with an AK.³

As a result, there is a growing consensus that AKs should be treated. Current therapies include cryotherapy and curettage. However, these may be inappropriate for large areas and may, in rare cases, be associated with significant adverse events. In contrast, 5-fluorouracil (5FU) can treat larger areas, although it is associated with significant risk of local adverse events. Indeed, effective treatment with this cytotoxic agent presupposes local necrosis, erosion and ulceration. So there is a need for better

tolerated treatments appropriate for application to large areas.

New approach

Solaraze is a new topical treatment containing three per cent diclofenac in a 2.5 per cent hyaluronan gel. The gel is applied locally to the skin twice daily for between 60 and 90 days. However, the optimum therapeutic effect emerges 30 days after the end of treatment. Solaraze is well tolerated, with the most common side effects being mild local reactions such as pruritus, dryness and erythema. The evidence supporting these statements is reviewed below.

The exact mechanism of action

Continued on page 24 ►

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is poorly defined. However, inhibition of the cyclo-oxygenase pathway by diclofenac and the resultant reduction in prostaglandin synthesis (PGE_2) may be important. Certainly, both sun damage and AKs may be associated with raised prostaglandins in exposed skin.⁴

Hyaluronan is a simple linear polysaccharide synthesised on the inner surface of plasma membranes. Radio-labelled hyaluronan penetrates all layers of skin, but the epidermis retains most of the applied dose.⁵

As a result, hyaluronan and diclofenac tend to persist in this layer. For example, in a model of skin penetration, 75 per cent of radio-labelled diclofenac persisted for 168 hours after a single application.⁵

The presence of hyaluronan and the high diclofenac concentration differentiate Solaraze from existing topical formulations of diclofenac used for arthritic and soft tissue injuries, which are of lower strength and neither licensed for nor studied in AKs.

Efficacy

In one of the pivotal studies,⁶ 120 patients with at least five AK lesions in up to three major body areas were randomised to treatment with Solaraze or hyaluronan vehicle. The intention-to-treat analysis was conducted in 118 patients, 81 per cent of whom completed the study.

The difference between the active ingredient and the vehicle-in-target-lesion number score was statistically and clinically significant at the post-treatment follow-up. The patient's global improvement index (PGII) and the investigator's global improvement index (IGII) both showed statistically significant differences favouring Solaraze over vehicle.

In the second pivotal study⁷, 195 patients were allocated to 30 or 60 days' treatment with either Solaraze or vehicle. Ninety-four per cent completed the study. Efficacy variables improved during application in both Solaraze groups. During the 30-day post-treatment follow-up, the Solaraze group continued to show an improvement.

Again, PGII and IGII mirrored the changes in lesion scores.

Moreover, total thickness score (TTS) was consistently lower in the Solaraze groups compared

with the vehicle. Lesion biopsies taken before and immediately after treatment showed significant histological differences. Solaraze was associated with reductions in hyperkeratosis, parakeratosis, and follicular and non-follicular atypia.

Adverse events

The low systemic absorption means that significant side-effects are unlikely to emerge following topical application. Indeed, no systemic effects attributed to Solaraze emerged in clinical studies.

In both pivotal studies, the most common adverse reactions were mild transient local effects such as dry skin, erythema and pruritus. In both pivotal studies

main treatments for AKs, but both have limitations.

Cryotherapy is relatively well tolerated, only transiently uncomfortable and achieves cure rates of up to 98 per cent.⁹ Blistering and changes in pigmentation may occur. But, while excellent for individual lesions, cryotherapy is not practical for a large number of coalesced areas.

5FU is a cytotoxic. When used topically, it induces local pain and burning. Indeed, effective treatment depends on inducing erythema, inflammation and erosions, which may undermine compliance. Nevertheless, 5FU reduces mean lesion counts by 75-93 per cent among patients able to tolerate the full course of

on a hat and slop on the sunscreen.

● People should try to avoid being in the sun when it's at its strongest, that is, from 12 midday to about 3pm.

● For people out in the sun at that time, a hat is essential, along with some light, long sleeved clothing and trousers.

● The sun's rays can still reach the skin, even if it's cloudy or doesn't seem particularly hot, so remind patients to have adequate sun protection to hand such as high SPF sunscreen and sunblock, in case the weather improves unexpectedly.

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Sun lovers beware: take the Australian advice to slip, slap, slop

these side-effects were rarely sufficient to warrant withdrawal.

Moreover, the preparation has a low propensity to cause contact dermatitis. Patch testing found that 2.18 per cent of previously treated patients showed allergic contact dermatitis sensitisation (type IV) to Solaraze.⁸

However, the clinical relevance of these findings is not known. As mentioned above, AKs becomes more common with advancing age, reflecting the cumulative sun exposure. However, the pattern of side-effects in patients over 65 years of age did not differ from that in younger people.

Other treatments

Cryotherapy and topical 5-fluorouracil (5FU) are currently the

treatment.¹⁰ However, among those who cannot tolerate treatment, the reduction in lesion count is less than 40 per cent.¹¹ Moreover, 5FU may be less effective on the hands and arms than on the face.¹² The use of topical 5FU cream is currently restricted to dermatologist recommendation.

Conclusion

Pharmacists are extremely well placed to assist in the diagnosis of potential AKs and advise customers to seek the help of their GP in the first instance. Pharmacists can also offer patients with previously diagnosed AK advice on a sensible approach to sun exposure, such as:

● Use the Australian advice: slip, slap, slop – slip on a t-shirt, slap



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NICE approves Herceptin for breast cancer...

The National Institute for Clinical Excellence has recommended that trastuzumab (Herceptin) can be prescribed on the NHS for some women with advanced breast cancer.

NICE has said that trastuzumab should be available for women:

- in combination with paclitaxel for those whose HER2 protein is measured as 3+ who have not had chemotherapy and for whom anthracycline treatment is not appropriate or
- on its own for women with breast cancer and HER2 levels of 3+ who have had at least two chemotherapy treatments.

Previous treatments should

have included at least an anthracycline drug and a taxane where appropriate and hormonal therapy in patients sensitive to oestrogen.

HER2 is a protein found in excessive amounts on the surface of some breast cancer cells. Approximately 20 per cent of women have breast cancer that is HER2 positive and these women have an average survival time only half that of other metastatic breast cancer patients.

A survey by Roche, manufacturer of Herceptin, has found that only 18 per cent of UK women with newly diagnosed breast cancer are tested for their HER2 status, compared



Breast cancer breakthrough: the outlook for women with advanced breast cancer is looking much better thanks to the approval of Herceptin

to 67 per cent in Germany and 82 per cent in Spain. The NICE guidance should ensure that all women in England and Wales

with breast cancer will be tested for HER2.

For more information:
www.nice.org.uk

Aspirin before clot-busters prove more effective

Patients who take aspirin before thrombolytic agents following a heart attack are more likely to survive than those who take the drugs in reverse order, a new study has found.

Researchers looked at 1,200 patients with acute myocardial infarctions who had been treated with thrombolytic agents, such as streptokinase. Seventy per cent of patients took aspirin after the thrombolytic agent (late users) and 30 per cent before (early users).

The early users had taken aspirin within the first 1.6 hours of symptoms of heart attack and the late users had taken it 3.5 hours after the onset of symptoms and after other drugs had been administered.

Overall, the early users were more likely



than the late users to be alive at seven days (2.5 per cent versus 6 per cent), 30 days (3 per cent vs. 7 per cent), and one year (5 per cent vs 11 per cent).

The authors of the study, published in the *American Journal of Cardiology*, say it is not clear why the order of the drugs makes a difference, but the reduction in mortality may indicate that aspirin improves the restoration of blood flow to the heart.

For more information:
American Journal of Cardiology 2002, 89: 381-5

... and drugs for colorectal cancer

The National Institute for Clinical Excellence has issued guidance on the use of three drugs for advanced colorectal cancer.

Eloxatin (oxaliplatin) is recommended as a first line combination treatment with 5-fluorouracil and folinic acid for patients where the cancer has only spread to the liver and may be operable after treatment.

Campto (irinotecan) is recommended as a second line monotherapy for patients where 5FU containing treatment has failed. Tomudex (raltitrexed) is only recommended for use in appropriately designed clinical studies.

For more information:
www.nice.org.uk

Menstrual cycle affects IBS

Women who suffer from irritable bowel syndrome found their symptoms were significantly worse during their menstrual cycle.

A study in *Gut* showed that abdominal pain and bloating were significantly worse during their period than at other times of the menstrual cycle.

Bowel habits became more frequent and the women tended to report lower general wellbeing, although there was no evidence

that they were more depressed or anxious at this time.

The authors of the study conclude that women with IBS respond differently to hormonal cycles than women without the syndrome, and the guts of women with IBS – which are already acutely sensitive – may be further sensitised by other triggers, such as hormones.

For more information:
Gut, 2002; 50: 471-4

Strokes linked to depression

Patients showing symptoms of psychological distress are three times as likely to suffer from fatal stroke, claims a study in *Stroke*.

The results, which took into account body mass index, smoking, heavy drinking and marital status, also found that distressed men are more likely to suffer a non-fatal stroke compared to non-psychologically distressed patients.

Some 2,200 men were part of

the study into cardiovascular disease, and were followed up for 14 years.

The explanations for the association between psychological distress and stroke are likely to be complex, say the authors. The findings indicate the need to improve primary prevention interventions for psychological distress in later life.

For more information:
Stroke, 2002; 33: 7-12

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big time.**

ZIRTEK ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 6 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. **CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery. **DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.45 (R.S.P.).

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 08972/0032.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

REFERENCES:

1. IMS Health Midas standard units sold July 2000 - June 2001.

2. IMS RSA November 2001

FOR FURTHER INFORMATION PLEASE CONTACT: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002.

DATE OF PREPARATION: February 2002

UCB-ZA-02-101

Scriptlines

New eye drop from Allergan

Allergan has launched Lumigan (bimatoprost 0.3mg per ml) eye drops this week.

The eye drops are indicated for the reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension.

The drops can be used as adjunctive therapy to beta-blockers or as monotherapy in patients who are insufficiently responsive or contra-indicated to first-line therapy.

The dose is one drop in the affected eye(s) once daily in the evening. Lumigan can cause a bloodshot appearance in the eye, which will return to its original form within four weeks.

Patients should be informed of the possibility of eyelash growth, darkening of the eyelid skin and increased iris pigmentation with Lumigan. Some of these changes may be permanent.

Price: £11.46

Pack size: 3ml

Pip code: 286-6507

Allergan Ltd

Tel: 01494 444722.

Diurexan will return in May

Diurexan (xipamide 20mg) tablets will not be available until May 10, says Viatrix.

The company blames the delay on manufacturing problems with the blister packs.

For more information:

Viatrix Pharmaceuticals

Tel: 01223 423434.

Eloxatin update

Sanofi Synthelabo has updated the Summary of Product Characteristics for Eloxatin (oxaliplatin) 5mg per ml powder for solution for infusion.

The special warnings and precautions for use section now includes paralytic ileus and intestinal obstruction. The undesirable effects section now states that rare cases of *clostridium difficile* diarrhoea have been reported. Undesirable effects on the nervous system have also been updated.

For more information:

Sanofi Synthelabo

Tel: 01483 505515.

Frontshop

GSK to launch a 'sister' for Piriteze



GlaxoSmithKline is to launch Piriteze Allergy tablets containing cetirizine dihydrochloride 10mg.

Although the recent P to GSL switch of cetirizine means that the pack of seven tablets will be available for self-selection, a P pack of 30 is expected to appeal to heavy sufferers. Cetirizine was previously POM when presented in packs of 30.

Television advertising starts mid-May and there will be extensive point of sale material. Campaign messages will focus on the "one a day" benefits. Brand neutral training on counter-prescribing for allergies will be available for pharmacy assistants.

GlaxoSmithKline is still promoting Piriton because, although chlorpheniramine is more

likely to cause drowsiness, it is still an extremely effective antihistamine, particularly for itching associated with skin conditions.

The company says allergies affect one in four of the population. Piriteze, like Piriton, will be positioned in the all-allergy sector while Beconase will continue to be focused as a hay fever treatment.

The allergy market is highly seasonal, with 62 per cent of retail sales occurring over a 10-week period starting in April.

Price: £3.99 (7 tablets); £8.55 (30 tablets)

Pip code: 284-7317 (7 tablets); 284-7333 (30 tablets)

GlaxoSmithKline Consumer Healthcare UK

Tel: 020 8560 5151.

Zantac 75 value pack to boost pharmacy sales

GlaxoSmithKline is introducing Zantac 75 in a larger pharmacy-only 48-tablet pack size.

The initiative is designed to revitalise the pharmacy-only heartburn market and meet the needs of frequent heartburn sufferers.

Targeted at people who experience heartburn at least twice a week, the 48-tablet pack will offer 24-48 days of treatment.

Pharmacy support will focus on point of sale designed to direct shoppers to the new pack and on-going pharmacy education programme.

GSK will invest £1.5 million in a total support package for the Zantac 75 brand in the second quarter of 2002.

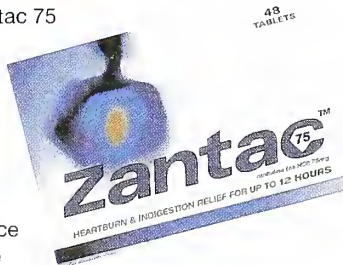
Price: £10.99

Pack size: 48 tablets

Pip code: 285-1095

GlaxoSmithKline Consumer Healthcare

Tel: 020 8047 2700.



Care spray turns into a Stargazer

Thornton & Ross is introducing a new look for Care Hayfever Relief Nasal Spray.

The spray is now presented in deep blue packaging featuring a Stargazer Lily – a particularly plentiful source of pollen.

The P product contains the steroid beclomethasone dipropionate in a glass bottle with 200-metered sprays. It is suitable for adults over the age of 18.

The spray will be supported by point of sale material and a press campaign in regional newspapers and magazines.

Price: £5.49

Pack size: 200 dose

Pip code: 263-5134

Thornton & Ross

Tel: 01484 842217.

Abidec has a makeover

Pfizer Consumer Health is relaunching Abidec children's multivitamin drops following a formulation change.

The drops are now formulated for children up to 12 years, meeting revised recommended levels of vitamins.

The product's dropper to administer the vitamins provides an exact dose. The drops can be taken in milk, juice or on cereal, making them convenient to give to babies and children.

Price: £3.09 (25ml); £5.25 (50ml)

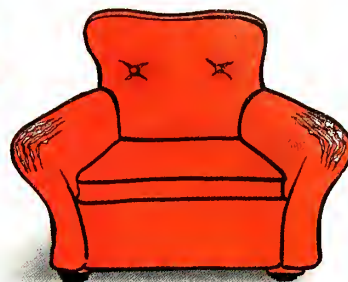
Pip code: 003-3787 (25ml), 000-1537 (50ml)

Pfizer Consumer Healthcare

Tel: 023 8064 1400.

SKIN RAGE?

Before it gets to this, get to them



Eczema and dermatitis estimated to affect up to 1 in 5 people,¹⁻⁴ are characterised by Skin Flare-Ups and cause sufferers considerable frustration and distress.

An aggravating situation

Skin Flare-Ups of eczema and dermatitis manifest as itchy, red, dry, inflamed skin and tend to recur at the same site. Underlying the Skin Flare-Up is an inflammatory over-reaction, often prompted by a trigger such as an allergy or irritant. The inflammatory reaction is sustained by the itch-scratch cycle.

Eumovate Eczema & Dermatitis Cream now available OTC for Skin Flare-Ups

Eumovate has been widely prescribed by GPs for years, but for the first time its power is available to you.

Clobetasone butyrate is the first corticosteroid of this strength to be made available in pharmacies. Clobetasone butyrate is designed to reduce inflammation, and in this way helps resolve Skin Flare-Ups.

Effectively comes between itch and scratch

Used quickly, at the first sign of a Skin Flare-Up, Eumovate Eczema & Dermatitis Cream can break the itch-scratch cycle before it really takes hold.

In fact, no other over-the-counter medicine can clear Skin Flare-Up more effectively than Eumovate Eczema & Dermatitis Cream.^{5,6}

- Provides resolution of itch associated with eczema & dermatitis – in as little as 3 days^{7,8}
- Clears Skin Flare-Up in as little as 5 days^{8,9}

Eumovate Eczema & Dermatitis Cream Product Information. Presentation: Cream containing clobetasone butyrate 0.05% w/w. **Uses:** Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant and allergic dermatitis. **Dosage and administration:** Adults and children, aged 12 years and over: Apply sparingly to the affected area twice a day for up to 7 days. If the condition improves within 7 days stop treatment. If condition does not improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor. **Contraindications:** Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris. **Precautions:** Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic dermatitis. Consumers

Recommend with confidence

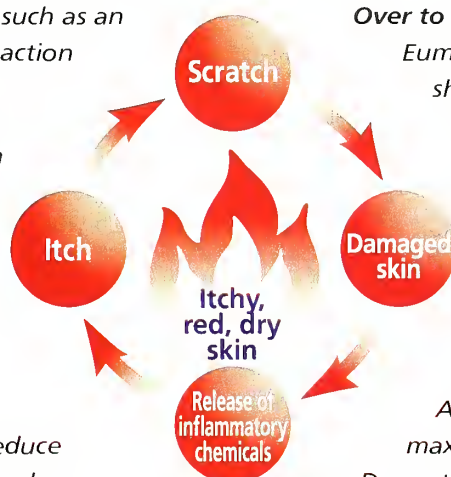
The efficacy and safety profile of Eumovate Eczema & Dermatitis Cream is based on evidence from clinical trials and extensive clinical experience – up to 25 years usage in the UK. The steroid in Eumovate Eczema & Dermatitis Cream, clobetasone butyrate, has an excellent safety profile.⁵

Over to you

Eumovate Eczema & Dermatitis Cream should be applied thinly twice daily for up to 7 days. You should advise your customers to continue using the treatment until the Skin Flare-Up has cleared completely. If it has not resolved or worsens after 7 days use, then they should see their doctor.

First for Skin Flare-Up

A quick response from you is essential for maximum benefit from Eumovate Eczema & Dermatitis Cream. Early use can prevent the itch-scratch cycle getting underway and help clear the Skin Flare-Up, minimising the social and emotional impact of the condition. Make it your best recommendation.



for Skin Flare-Up

 **eumovate**[®]
eczema & dermatitis cream
clobetasone butyrate 0.05%

over to you

should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis. **Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity. Exacerbation of symptoms. **Legal category:** P. **Product licence number:** 10949/0346. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 15 g tube – £5.49. **Date of preparation:** January 2002. Eumovate is a registered trademark of the GlaxoSmithKline Group of Companies. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. © GlaxoSmithKline UK Limited, 2001. **References:** 1. Cork MJ, Britton J, Butler L et al. Br J Dermatol [in press]. 2. Neame RL, Berth-Jones J, Kurinczuk JJ et al. Br J Dermatol 1995; **132**: 772-7. 3. GlaxoSmithKline, Data on file: NOP 1999. 4. Thestrup-Pederson K. J Eur Acad Dermatol Venereol 1996; **7**(Suppl 1): S3-S7. 5. Munro DD, Wilson L. Br Med J 1975; **3**: 626-8. 6. Parneix-Spake A, Goustas P, Green R. J Dermatol Treat [in press]. 7. Peroni A, Nigro M, Schena D. Clin Trial J 1985; **22**: 373-80. 8. Caramia G, Bizzarri V, Gregorini S et al. Curr Ther Res 1985; **37**(2): 213-7. 9. Pagnès P. Chron Derm 1984; **15**: 735-41.



GlaxoSmithKline

Nivea makes a fresh start in deodorants



Beiersdorf is to extend the Nivea brand into the skin care sector of the UK deodorant market in April.

The Nivea Deodorant range includes an aerosol and roll-on in both male and female variants and deodorant wipes which are individually wrapped in

sachets for added convenience.

The range also features a pocket-sized anti-perspirant which is formulated to last as long as a standard 150ml product. Nivea Compact measures only 10cm long by 1.5cm wide and is designed to open up a new sector of

convenience in anti-perspirant deodorants.

The range is formulated to offer 24-hour protection against underarm wetness and body odour, while being particularly skin friendly.

The launch will be supported by a £5.6 million advertising campaign which will run from June until the end of the year. The campaign will feature three different commercials including one for Nivea Compact. It is targeted at women aged 16-45 who are the key purchasers in this category. An extensive sampling programme is also planned.

Price: Aerosol £2.35; Roll-on £2.25; Wipes £2.19; Compact £2.59

Beiersdorf UK Ltd
Tel: 0121 329 8800.

Zovirax faces up to the summer

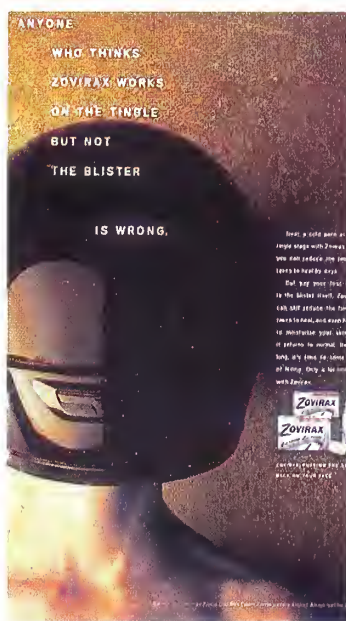
GlaxoSmithKline is supporting Zovirax cold sore cream with a £450,000 national press campaign. The advertising will appear in women's magazines from April until December.

The "helmet" advertisement communicates the product's key benefit as a cold sore treatment at both the tingle and blister stage. Using the strapline "Zovirax, putting the smile back on your face", it also demonstrates the brand's empathy with cold sore sufferers who find the condition embarrassing and distressing.

In the summer, the advertisement will be changed to raise awareness of summer sun as a specific trigger of cold sores, highlighting the pump format as an ideal holiday healthcare item to treat cold sores.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.



Gillette is on the ball with World Cup promotions

Gillette is running two major in-store World Cup promotions between now and the FIFA World Cup finals in Japan and Korea.

The first promotion, "Kick for \$1 million", offers consumers the opportunity to represent their country at the final on a

five-day all-expenses-paid trip.

Once there, the finalists from 50 countries compete against each other for the chance to "Kick for \$1 million" in a knockout style event on the day of the final itself.

The second promotion, "Hear the crowd roar", incorporates an

instant win and free prize draw. Special light-activated sound chips have been inserted into Gillette MACH3 razor and mini Arctic Ice Shave Gel promotional packs which "roar" when winning packs are opened.

In-store leaflets will be available

for entry into the free prize draw.

Prizes include JVC Home Entertainment Systems, 24in TVs and mini World Cup footballs.

For more information:

Gillette UK Ltd
Tel: 020 8560 1234.



Adidas kicks off with Limited Edition range

Coty is launching an Adidas fragrance and bodycare line for men which capitalises on men's passion for football in the run up to this year's FIFA World Cup.

The adidas 2002 Limited Edition line will only be available for a limited period – from April until the early summer.

The range comprises four products – After Shave, Shower Gel, Deodorant Body Spray and an Anti-perspirant Deodorant.

Each product is fragranced with a vibrant blend of zesty citrus notes with subtle floral accents and a woody base of amber and musk.

The metallic orange packaging features a sphere symbol with a world map and a football meeting halfway.

The launch will be

supported by a viral marketing campaign which centres around an e-mail "fuzbol" game. Players are invited to choose their international team and beat the computer, or their mates, to secure the highest score.

The campaign offers high-score prizes, e-mail a friend incentives and a free fragrance sample for every player. In addition to being distributed by e-mail, the game will be hosted on several men's press and football websites.

Eye-catching point of sale material is available for in-store use.

Price: Aftershave Lotion (50ml) £5.95; Shower Gel (250ml), Deo Body Spray (150ml), Anti-perspirant Spray (200ml) £2.49

Coty (UK) Ltd
Tel: 020 8971 1300.

Wyeth

Cambridge Counterpart
Pharmacy Assistant Development



The Original... just got better!

Counterpart has been improved and updated

The Cambridge Counterpart course, which has trained over 10,000 pharmacy assistants, has been re-designed and updated to make it even more relevant to today's counter staff. It remains the easiest to use and best value training course.

Its 14 distance learning modules are accredited by the College of Pharmacy Practice and enable assistants to work professionally and effectively on the medicines counter.

Each new set of modules will be sent out in their own folder for storage and filing of coursework.

The continued success of Cambridge Counterpart is made possible by the ongoing support of Wyeth Consumer Healthcare.

How to register

Assistants should register for telephone marking and certification at a cost of £35.25. Each assistant also needs access to a training pack. A pack costs £23.50 and can be used by four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Course registration fee of £35.25 per person

Name £

Name £

Name £

Name £

Sub total £

Please include () sets
of modules at £23.50 each £

Total £

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

**For further information, or
to make a credit card payment,
contact Mary Prebble on
01732 377269**

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Durex condoms are refined

SSL International has repackaged the Durex range and improved the design of four of the condoms to overcome traditional excuses for not using a condom.

Durex Elite, Gossamer, Featherlite and Extra Safe have all been redesigned with a new shape to make them easier to use and provide a better fit and feel.

The "Easy-on" design is highlighted in yellow on the new packs.

New packaging for the entire Durex range is designed to help customers to distinguish between the different condoms.

A TV, radio and press campaign is currently being planned to support the range this year.

New point of sale material is available for retailers.

For more information:

SSL International plc
Tel: 0161 654 3000.



TVnext week

Astral Moisturising Cream: All areas + C4, C5

Blistex: GMTV

Clearblue Pregnancy test kit: All areas + C5 except GTV, U, CTV, C4, W

Fybogel: GMTV, Sat

Kalms: C5

Lucozade Sport: All areas except U, CTV, C4, GMTV

Macleans Whitening: All areas except U

Movelat Relief: C5

Nicorette: All areas

Olbas: C5

Oxy: All areas except U, CTV, GMTV

Panadol: U

Poligrip: All areas except U, CTV

Senokot: All areas

Sensodyne Total Care: All areas except U, CTV

Solpadeine: All areas except U, CTV

PharmaSite for next week: NiQuitin CQ Lozenge – Window, NiQuitin CQ Lozenge – In-store, COI disabled persons tax credit – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Snufflebabe goes modern

J Pickles Healthcare has relaunched the long-established Snufflebabe range of baby care products with a brighter, more modern look.

The range includes Decongestant, containing eucalyptus and thyme oil, and Cradle Cap Cream.

There are also four products for nappy rash – Zinc and Castor Oil Cream, Medicated Nappy Cream, White Petroleum Jelly and Moisturising Cream.

A new fact sheet on the baby care market is available for pharmacies and point of sale units



will be introduced later this year.

For more information:

J Pickles Healthcare
Tel: 01423 867314.

When you need a booster

A high protein snack bar is being introduced into the EAS range.

The Myoplex Bar contains whey protein to help support the immune system and L-Glutamine to help muscle growth plus added vitamins

and minerals. It is available in chocolate and strawberry.

Price: £1.49

Pack size: 50g

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So, if you want to help out the nation's feet, recommend Daktarin Gold.

The first 7 day OTC treatment for mild athlete's foot*

*Between the toes (1) Harris R, et al. *Antimicrobial Agents and Chemotherapy* 1983, Vol 24 (6) 876-882 (2) Data on file
www.daktarin.co.uk Enterprise House, Station Road, Loudwater, High Wycombe HP10 9UF

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

Daktarin™ Gold Product Information.

Presentation: White cream containing ketoconazole 2% w/w. **Indications:** Tinea pedis, tinea cruris and candidal intertrigo. **Dosage and Administration:** For mild athlete's foot apply twice a day for one week. For more severe or extensive athlete's foot (eg also affecting the sole or sides of the feet) continue to apply the cream for at least 2-3 days after symptoms have cleared to prevent them coming back. For Dhoobie Itch and Candidal Intertrigo apply once or twice daily for at least 2-3 days after symptoms have cleared. **Contra-indications:** Hypersensitivity to any of the ingredients or to ketoconazole itself. **Precautions:** Not for ophthalmic use. **Interactions:** None known except possible corticosteroid interaction. **Pregnancy and lactation:** Not to be used in pregnant women. May be used during lactation. **Side effects:** Irritation, dermatitis and burning sensation may be observed. **Overdose:** In accidental oral ingestion, consider appropriate methods of gastric emptying. **Legal Category:** P. **PL:** PL0242/0107. **Price:** 15g tube £4.99. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks, HP14 4HJ. **Date of preparation:** Jan 2001.

Growing gains

Pharmacies can capitalise on the spending power of young mums by offering a value-added service.

Sarah Thackray reports

The babycare market is one of the most lucrative healthcare categories, with total annual sales of around £1,200 million, of which £69m is generated through pharmacies.

Despite the diversity of this market, it remains dominated by nappies, which account for 45 per cent of sales.

There is a clear buying trend in this category towards convenience products as more couples choose to remain at work, causing a resulting move towards a cash-rich, time-poor society.

This is most evident with "ready-to-feed" milk products which have seen a year-on-year growth of 38 per cent.

Organic baby food is a rapidly growing market, with huge demand for new products. An opinion poll of 1,500 people on the *babycare.co.uk* website last month showed that nine out of 10 mums now buy organic baby food.

Despite growing competition from grocery multiples, pharmacies still retain two thirds of the paediatric analgesics market.

Although grocers saw 23 per cent growth in this market last year, the £27m pharmacy sector also recorded a healthy seven per cent growth year-on-year (*Nielsen Pharmacy excl Boots Nov/Dec 2001*).

Sarah Wood, Nurofen marketing manager at Crookes Healthcare, comments: "The grocery

figures for paediatric analgesics have been boosted by the growth of in-store pharmacies.

"As accessible childcare experts, pharmacists are well placed to hold their own in this market. Parents value healthcare professionals' advice and reassurance, but increasingly do not want to have to wait to see their GP for more routine childhood illnesses – and this is where the pharmacist steps in.

"Pharmacies have a massive role to play in child health. When mums have their first child, they often go to the GP for advice, but with child number two, mums tend to visit the pharmacy directly – confident that they are dealing with someone who has expertise in children's medicines, nappy rash, etc."

Mothers remain the main purchasers of babycare products. They tend to exhibit specific shopping habits and, in particular, re-evaluate where they shop during pregnancy and early parenthood. They also look for greater understanding by the retailer of their specific needs, together with specialist product



Heinz

knowledge, support and value for money.

The majority of mothers regard the pharmacy as their first port of call when it comes to asking for advice about their little one's minor illnesses. According to a Bounty survey of 500 new mothers, carried out for Novartis last year, 80 per cent of mothers would consult their local pharmacist within one day if their child exhibits the first symptoms of a cold or cough.

The research also shows that new mums visit their pharmacist at least 12 times a year. Nicola Westlake, Tixylix brand manager, comments: "Every year, a quarter of a million women become mothers for the first time, and pharmacies are a crucial source of advice for these women."

"Developing a relationship with local mothers before birth and during the first six months is vital to building customer loyalty," says Ian Bray, marketing director at AAH Pharmaceuticals. He adds:

Top with the tots

● Top baby foods

- 1 Heinz Original jars
- 2 Heinz cans
- 3 Farley's

● Top baby milks

- 1 SMA Progress
- 2 Cow & Gate Plus
- 3 SMA Gold

● Top baby drinks

- 1 Cow & Gate concentrated
- 2 Heinz ready-to-drink
- 3 Cow & Gate ready-to-drink

● Top disposable nappies

- 1 Pampers Baby-Dry Plus/Extra
- 2 Pampers Ultra Thin/Premiums
- 3 Huggies Freedom

● Top baby toiletries

- 1 J&J Shampoo
- 2 J&J Bath
- 3 J&J Soap

Source: FSA data for independent chemists 12 m/e Dec 2001



Right: the brightly decorated Lloydspharmacy in Retford has a wide selection of baby clothes and buggies on display

Below: baby adviser Ann Robinson (right) at Lloydspharmacy, Dinnington, spends time with a mother and baby



Best for baby



Lloydspharmacy introduced 330 formatted mother-and-baby stores last year and the move has proved a winner according to Darren Kirton, marketing manager for the group.

These stores were identified as having a strong mother and baby clientele and the product offering has been tailored accordingly.

Space has been given over to babycare from household products and some toiletries. Around 50 "super mother-and-baby stores", which are larger than average, also now stock pushchairs, cots and clothing, depending on the size of the store.

Mr Kirton explains: "Grocers had been eroding a lot of baby areas and we needed to do something about it. The babycare category is vital to pharmacy, providing a value-added service unlike a product category, such as shampoo.

"We are concentrating on moving into those areas where the pharmacy can give value added service and the aim of the formatted mother-and-baby stores is to provide a better service for the local community.

"The pharmacy is a local point of information for parents who can get advice without having to make an appointment with a GP or health visitor. We build relationships with local midwives and other healthcare providers because it is important to be consistent – mums don't want to be given conflicting information.

"Commercially, we want to grow the

category and we have an aggressive promotional programme for babycare products. Our promotions have to be better, or at least equal to, the best deals in the marketplace. We have a fortnightly review of all competitors' prices including the top five grocery multiples' prices on nappies, baby foods and baby wipes."

Research shows that the total baby food market declined by -1.1 per cent in all outlets (including grocers) and by -13.2 per cent in pharmacies. However, it grew 2.6 per cent in Lloydspharmacy (Information Resources 12 m/e Sept 2001). Similarly, the total nappy market declined by -3 per cent and by -14 per cent in pharmacies but only fell by -0.1 per cent in Lloydspharmacy during the same period.

Mr Kirton points out: "We now successfully merchandise GSL baby and children's medicines, such as Calpol sachets and Tixilyl Baby, on open display in the baby section. This move followed our research which showed that customers expect to find children's medicines in the baby section, and we have seen a significant increase in sales of baby medicines as a result. It helps to give authority to the baby category, and we are getting additional sales of other baby products as a consequence."

Lloydspharmacy has 750 trained baby advisers in key stores around the country. These advisers receive regular training so they can help with baby medicines, breast-

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◀ Continued from page 35

feeding, formula milks, weaning and giving up smoking when pregnant or trying for a baby.

The advisers are encouraged to hold baby days, which include the support of local GPs, midwives and health visitors. The aim of these events is to give advice to customers and to show how the pharmacist works closely

with other primary healthcare providers.

A baby welfare advice pack, which includes DSS leaflets and money-off vouchers for baby products in Lloydspharmacy, is available in every store where there is a baby adviser. The pack has been specially designed to inform new and expectant mums about their welfare entitlements to make sure that they take full advantage

of the support offered to them.

In another baby initiative, Lloydspharmacy opened baby rooms or departments in its stores in Immingham, Dinnington, Retford and Hull last August.

The rooms are designed to offer extra help to new or expectant mothers who often feel unsure about certain childcare issues, especially if they are first-time parents. Staff can offer advice on

issues ranging from breast-feeding and first foods to bathing and dressing a baby.

The baby rooms have won the approval of customers, and Lloydspharmacy plans to identify other suitable stores – providing they have the space. However, Mr Kirton admits: "It's still early days for our baby rooms, and we need to convert this initiative into added sales."

Children recover more quickly if you kiss it better, that's official

A new study conducted for Novartis supports the belief that psychological processes play an important part in the recovery process when a child is unwell.

The research shows that mothers give double the amount of kisses and cuddles when their child is suffering from a cough or cold. David Messer, professor of child

development at South Bank University, who conducted the study, says: "When a child is ill, they become distressed and they crave attention and comfort. Research has shown that touch can make a child feel calmer and less distressed. Parents' principle response when their child is ill is to comfort them, which leads us to believe that stroking and

physical contact can have a positive effect on children's illnesses."

There has been little research into the direct correlation between contact and the positive effect on children's illnesses, but studies with adults show indications of the importance of psychological factors in helping patients to recover.

Roger Humbles, of Fourway Pharmacy in Herne Hill, south east London, was the winner of *Mother and Baby* magazine's Child-Friendly Pharmacy of the Year Award for 2001.

Sponsored by Tixylix, the award aims to raise awareness within local communities of the importance of the relationship between parents and pharmacists and the quality of service that pharmacists provide.

Mr Humbles bought Fourway Pharmacy three years ago and quickly noticed that many of his customers had prams or buggies, so he decided to specialise in catering for their needs.

He had already built up useful experience in advising mums after spending a year running a minor ailment clinic in a doctor's surgery as part of a health authority-funded pilot project.

As a father of three children under the age of five, he also has the benefit of first-hand experience when it comes to understanding parents' needs.

Mr Humbles believes that the key to running a successful child-friendly pharmacy is that it is seen as an information source, and that the pharmacist is always accessible.

He has tailored his baby-product range to appeal to his customers, who are mainly young, fairly affluent families interested in environmental issues and alternative health.

There is a focus on organic and environmentally friendly products, with Mr Humbles preferring to stock baby foods, nappies and toiletries that "make him stand out from the crowd".

He explains: "I don't stock Cow Gate or Heinz baby food, but I



Roger Humbles with one of his regular little customers

have an extensive range of Hipp organic baby food and also sell Babyat Organic foods.

"UniChem now stocks Hipp but not the full range, so I went directly to the manufacturer and now keep a bigger range than Sainsbury's.

"We sell Hipp baby food at more or less the same price as Sainsbury's, but I am able to maintain a margin that is better than a standard Heinz or Cow &

Gate margin. Baby food is displayed in the most prominent position in the pharmacy, which is perhaps unusual because it tends to be thought of as a low-margin line. But it warrants this position as we sell so much of it in this shop.

"Our customers use the pharmacy as their main shop for baby food because they know they are not losing financially and have the added benefit of our other

specialist products and advice."

The pharmacy concentrates on ranges that are not sold elsewhere, such as Moltex-OkO environmentally friendly disposable nappies. Prominently displayed in the window, these German-made, brown-coloured nappies are the shop's flagship product.

When it comes to toiletries, the pharmacy sells more products from the natural Earth Friendly Baby range (such as Natural Red Clover Nappy Care Cream) than Johnson's baby toiletries!

Mr Humbles has cultivated close links with baby organisations such as the National Childbirth Trust (NCT), a local maternity unit and a local breast-feeding clinic.

He says: "All the relevant health professionals know about me because I have contacted them and sold myself to them. I supply organisations such as the NCT, which runs anti-natal groups and coffee mornings for new mums, with leaflets about the services that we offer, which is unusual for a pharmacy."

Starting from before the baby is born, the pharmacy hires TENS machines to pregnant women for labour and also stocks homeopathic childbirth kits.

Mr Humbles estimates that more than 90 per cent of mothers-to-be who visit his pharmacy plan to breastfeed, and breast pumps are available to hire or buy.

He says: "A high percentage of these mums have problems with breast-feeding so it's important

Continued on page 38



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† Randomized Trial Comparing the Efficacy of a Novel Manual Breast Pump With a Standard Electric Breast Pump in Mothers Who Delivered Preterm Infants. M S Fewtrell, P Lucas et al. MRC Childhood Nutrition Research Centre, London. Pediatrics June 2001.

* Randomized Study Comparing the Efficacy of a Novel Manual Breast Pump With a Mini-Electric Breast Pump in Mothers of Term Infants M S Fewtrell, P Lucas et al. MRC Childhood Nutrition Research Centre, London. Journal of Human Lactation May 2001.



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◀ Continued from page 36

to have information about these problems, and we stock a wide range of Avent breast-feeding accessories."

Other less traditional pharmacy lines include Buggiboards and Kiddiboards and BabyBjorn baby carriers and changing bags.

The babycare section is located at the front of the pharmacy, where there is a wider area for customers to park their buggies.

It now accounts for a massive 25-30 per cent of the shop and has mainly been expanded at the expense of haircare. Hair colorants are no longer displayed and shampoos have been reduced to a basic offering.

Mr Humbles explains: "Four or five prams in a small pharmacy could completely jam up the shop, so we have less shelving than before and have widened the aisles so that customers can get a double buggy all around the shop."

"Awareness of parents' likely needs at various stages of the child's development is the way to make link sales."

He encourages link selling by making sure that his staff are knowledgeable about all the product ranges and instilling into them the importance of the service aspect.

The pharmacy has a good offering of aromatherapy products, homoeopathy, herbal medicines and vitamins, which tend to appeal to the same customer base.

The shop has also built up a name for taking baby passport photographs. Mr Humbles uses a Polaroid Studio Passport camera and takes the pictures by placing the screen on the floor and laying the baby on top.

He points out: "You have got to be interested in babies and enjoy talking to them to take the photos effectively."

Mr Humbles currently has plans to expand into baby clothes and children's "grow bags" (sleeping bags to avoid the bedclothes being kicked off at night).

"If I had more room, I would have a changing room and an area with children's toys so toddlers could play while their mothers are browsing or being counselled," he says.

Fourway Pharmacy is now a magnet for a continuous stream of young mums with prams, buggies and baby carriers, and Mr Humbles makes the time to come out of the dispensary to talk to them... and their babies!

Small talk



All you need is love...

Original drawings created by John Lennon for his son, Sean, have been adapted by MAM and incorporated into a colourful new range of baby accessories.

The John Lennon Real Love Collection comprises soothers, teething, soother-savers, spill-proof cups and bottles in pastel and bright colours. The fun animal motifs include giraffes, elephants, rhinos and kangaroos together with emotive lyrics such as *Living in peace* and *Imagine*.

Retail prices start from £2.79 for a soother-saver to keep baby's soother clean and safe to £3.99 for the No Mess No Stress cup, which features a one-piece silicone valve designed to dispense liquid only when the child drinks.

For more information:

MAM (UK) Ltd
Tel: 020 8943 8880.

Cup's dental approval

The British Dental Health Foundation has given its approval to the Tommee Tippee Easiflow baby drinking cup. This is the first time that the Accreditation Panel of the Foundation has endorsed a baby product other than a toothpaste or toothbrush. It believes that the product's design may help parents to avoid some of the problems associated with valved cups.

The non-spill Easiflow has a soft spout that uses a natural action, like the "stripping" action used in breast-feeding, to release the liquid. The child puts pressure on the spout to get a drink and the moment the pressure is released, the spout seals.

Many dental experts believe that continual use of non-spill cups may damage children's teeth through prolonged sucking of sugary drinks. Some dentists have also warned that the problem of nursing-bottle caries may increase "sucking-cup caries" because children are given the cup early in the morning and left to suck on it all day long.



The Foundation recommends that only water or milk is suitable for babies and children, and that drinking times are kept short.

For more information:

Jackel International Ltd
Tel: 0191 250 1864.



Cry babies

A recent study into the causes of infant colic showed that pre-treatment of feeds with lactase typically reduces crying time in responders by 45 per cent or more.

The study was carried out by the Department of Paediatrics at Guys Hospital, London, which recruited 53 babies who met the trial criteria of three hours per day of full force crying for three days or more.

Formula-fed babies were given bottles pre-treated with the lactase enzyme and breast-feeding mothers were instructed to express their foremilk (which has the highest lactose content), treat it with lactase and feed to the baby before resuming normal breast-feeding.

This process was followed for an initial period of 10 days and was succeeded by a five-day wash-out phase (when completely untreated feeds were given) and then 10 days using a placebo.

Dr Paul Clayton, co-author of the report, says: "We were able to confirm that a significant number of babies are unable to digest lactose, leading to bacteriological and metabolic changes in the gut, which in turn cause pain and distress. This study has demonstrated that pre-treatment of feeds with lactase to break down the lactose in milk before feeding results in considerable symptomatic benefits for the baby with a massive 45 per cent reduction in crying time in around a third of all cases."

The study was conducted using the enzyme from Crosscare - the same formula as used in Colief Infant Drops.

For more information:

Britannia Health Products
Tel: 01737 773741.

The Easiflow cup: a winner all round

Jackel International's Tommee Tippee brand is one of the longest established baby accessory brands - coming up to 40 years old - but has always had a reputation for bright colourful products at the cutting edge of innovation.

The very latest product in the range is no exception - and comes with an extra and unique benefit.

The new Easiflow non-spill cup with its natural action spout has been endorsed by the British Dental Health Foundation - the first time the organisation has approved a product that is not a toothpaste, a toothbrush or a mouthwash.

The Easiflow cup represents three years of research and development and a £1 million investment by the company, which is based just north of Newcastle upon Tyne.

Having launched the very first spillproof cup into the market back in the '80s with the sip n seal cup, Jackel was determined to win back market share with a product that stood out from the crowd.

Alerted by health professionals to the problems linked to the prolonged sucking of some valved cups, such as buck teeth, speech and language problems, teeth erosion, dehydration - the company has engineered the Tommee Tippee Easiflow, which works quite differently.

A child puts pressure on the soft spout to release liquid rather than sucking hard. This natural action, similar to the stripping motion used by breastfeeding babies, makes it easy to get a drink and yet the moment



**Tommee
Tippee**



the child relaxes the pressure, the cup is sealed.

A major advertising campaign suggesting that the Easiflow cup is the only cup a child ever needs is set to break next month in parenting magazines.

With soft grip handles, an hygienic spout cover and a non-slip base, the Easiflow comes in pink, blue or red (heat sensor) options. Pre-orders for the Easiflow have been huge.

The cup retails at £3.49. A 350ml beaker, without handles and with an rsp of £2.99 is also available in blue and orange.

Steve Parkin, marketing director at Jackel International, says: "Easiflow is a massive and exciting story for us. It's a cup that's been

designed for a mum's convenience and a baby's wellbeing and it's by Tommee Tippee, a name recognised and trusted by millions. Our feeding products are known throughout the world.

"The new cup is a major investment for the company and we are confident we have a world-beater on our hands. The response from the trade has been phenomenal, and the fact that the cup is being made here in the UK means that we can maintain supplies to all our customers.

"We are delighted to offer a cup endorsed by the British Dental Health Foundation. As a company which prides itself on designing products that really do benefit a child's development, we are intent on developing a campaign to ensure that every mum knows that using our cup can have a positive effect on their child's dental health.

"What parent would not spend £3.49 on something to benefit their little one's smile?"

❖ To order Easiflow call the Jackel International Sales Office on 0191 250 1864.

Tommee Tippee Easiflow - product support

- ❖ £500,000 advertising and promotional campaign in 2002
- ❖ A counter top display with Easiflow consumer leaflets is available
- ❖ Major activity will coincide with the BDHF's Smile Week in mid-May
- ❖ Easiflow has a world-wide patented design
- ❖ Packs of replacement spouts which simply screw into the lid are available at £2.99

The Easiflow is Step 3 in Tommee Tippee's four steps to independent drinking.

- ❖ **Step One** is the new coloured Easy Grip bottle (£2.99) designed to be easy to hold and with a non-drip tip-it-up spout.
- ❖ **Step 2** is the new blue or pink Bottle to Cup trainer bottle system which comes with soft angel-type 'wings' to make it easy for a child to grasp. The bottle (£3.99) is supplied with a blue-coloured non-spill wide-shaped spout.
- ❖ **Step 3** is the colourful non-spill Easiflow cup and tumbler, each with the revolutionary natural action spout that's won the approval of dental experts.
- ❖ **Step 4** in the Tip it Up story is the Easiflow tumbler with a clever drinkeasy lid to prepare a child for full open cup drinking. This lid with one hole in the rim sits inside the easiflow cup or tumbler and allows the child to get the feel of drinking from an open cup without getting soaked, since the liquid is directed through the hole.

Immunisation initiative

Pfizer Consumer Healthcare is driving a market initiative to change the treatment of immunisation.

The company has secured approval from the Medicines Control Agency to change the recommended dose of paracetamol suspension for treatment of post-immunisation symptoms in children from two months old.

Pharmacists can now recommend a second 2.5ml dose of Calpol infant



Suspension four hours after administering the first dose for babies from two months. This second dosage will allow consistent relief from pain, fever or high temperature – all symptoms that occur after immunisation.

Dr Warren Lenney, consultant paediatrician at North Staffordshire Hospital, says: "Any immunisation is likely to produce localised pain, swelling and there may be an increase in body temperature. I suggest that, when parents take a child for an immunisation, a dose of Calpol should be administered as soon as the immunisation has been given."

Free copies of a Calpol leaflet entitled "Immunisation for your child" are available to pharmacies for display at point of sale.

For more information:
Pfizer Consumer Healthcare
Tel: 02380 628 274.

Sh... mum's the word

Many breast-feeding mothers who can't be with their baby at all times need to express so that their milk supply is stimulated during the day.

With these mums in mind, Cannon Avent has designed the Avent ISIS Out and About Set (rsp £39.99) to provide everything needed to express breast milk and store it safely for up to six hours.

The set includes a breast pump, two 125ml storage bottles, two 260ml storage bottles, two newborn teats and two bottle dome caps. The products are packed in a black Microfibre insulated bag, which comes with two flexible cool packs, eight breast pads and a drawstring storage bag.

For more information:
Cannon Avent
Tel: 01787 267000.



The soft touch

AAH Pharmaceuticals has introduced a new Vantage collection of own-brand baby toiletries.

The company says that the range is designed to help pharmacists offer a greater competitive edge in the OTC market at a time when their revenue is under pressure.

The product line-up includes baby bath, lotion, oil, powder and shampoo. The range has been dermatologically tested for sensitive skin. Each product is presented in fun packaging with animal cartoons on the front to appeal to parents of young children. These products are exclusive to Vantage members.



For more information:
AAH Pharmaceuticals Ltd
Tel: 024 7643 2000.



Brush strokes

MAM is expanding into the baby oral care market with the launch of a new toothbrush range. The Teach Me Toothbrush Set (rsp £4.99) contains two brushes – the Caregiver brush and Baby's First Toothbrush.

The long handled Caregiver brush is designed for the parent and baby to brush together to teach correct usage from the start. It has a structured teether at the end for massaging the gums and a coloured area on the brush to indicate the right amount of toothpaste to use.

The short-handled Baby's First toothbrush is designed for babies to hold, chew and generally explore. It is available to sell individually (rsp £2.49).

For more information:
MAM (UK) Ltd
Tel: 020 8943 8880.

A bigger splash

A guide to getting babies and young children started in water provides helpful tips on all the stages of confidence building until children can swim independently. The leaflets support the Floaties learn-to-swim products and Aquanappies, and are free to stockists with an acrylic display stand.

For more information:
Styrox UK
Tel: 01252 316626.

Monitors for Maws

Jackel International is now the distributor for Kindertec baby monitor in the UK.

The monitors, previously distributed by Johnson & Johnson under the InTouch name, will now be marketed in the Maws range as Maws Reassurance Baby Monitors.

The Reassurance 7 currently retails at £59.99 (previously £64.99) and the Reassurance 8 is now £99.99 (a £10 reduction on the previous price).

The monitors will be supported by a major advertising campaign in the parenting press this spring.

● Nappy Wrapper by Sengenix, the twist 'n' seal nappy disposal system has now become a Maws product and has been repackaged to reflect the change.

For more information:
Jackel International
Tel: 0191 250 1864.

With the increasingly health-conscious general public constantly on the lookout for alternatives to drugs to remain healthy, could complementary medicines be the niche market for you? John Kerry investigates

The natural remedies market is growing steadily, and not just due to a degree of dissatisfaction with conventional medicines.

Consumers are obviously becoming more aware of the extensive range of self-medication products available. This is a movement that has created demand that needs to be satisfied.

Health food shops are now well established in the high street and health food departments are prominent in most large stores and pharmacy multiples.

While retail pharmacy has made considerable inroads into this market, the success story is far from consistent.

There is a market for these products in every city, town and village in Britain, but not every town will have the same size of market or one with the same characteristics.

Many pharmacies have dabbled in this market in the past, but have not seen the results they expected and have subsequently abandoned it.

Like any new market for pharmacy, this group of products requires a plan of action, starting with research into the local market, a marketing strategy and implementation.

Some of the vital questions needing answers are:

• Which of the products in the



categories being considered are bought by the population in the area served by your pharmacy?

• Where do people currently shop for these products?

• What are the advantages/disadvantages for the customer if your pharmacy stocked these products?

• What are the customer advantages/disadvantages of the current retailers?

Much of this research can be carried out yourself or by your staff visiting current stockists, evaluating the kind of stock on display, making test purchases, and asking questions in order to evaluate their staff's knowledge and service levels.

You could also call in the representatives from the major suppliers and wholesalers in these markets. They will undoubtedly have intelligence on the market size and local demand.

Gaps in your knowledge may be filled by tactful research among your customers. Give them a list of a few dozen popular products and ask which ones they buy and where they buy them. Further information may be obtained using street research.

This research work will give you a good feel for the market and its size, enabling you to make decisions on how to get involved – and, in certain cases, where the market is well satisfied locally, how to save time and money by not doing so.

One thing is clear – you cannot just paddle in this market to discover whether there is any scope for your business – once you know the potential, you have to dive in. You may decide to avoid the foods and drink categories

Continued on page 42 ►

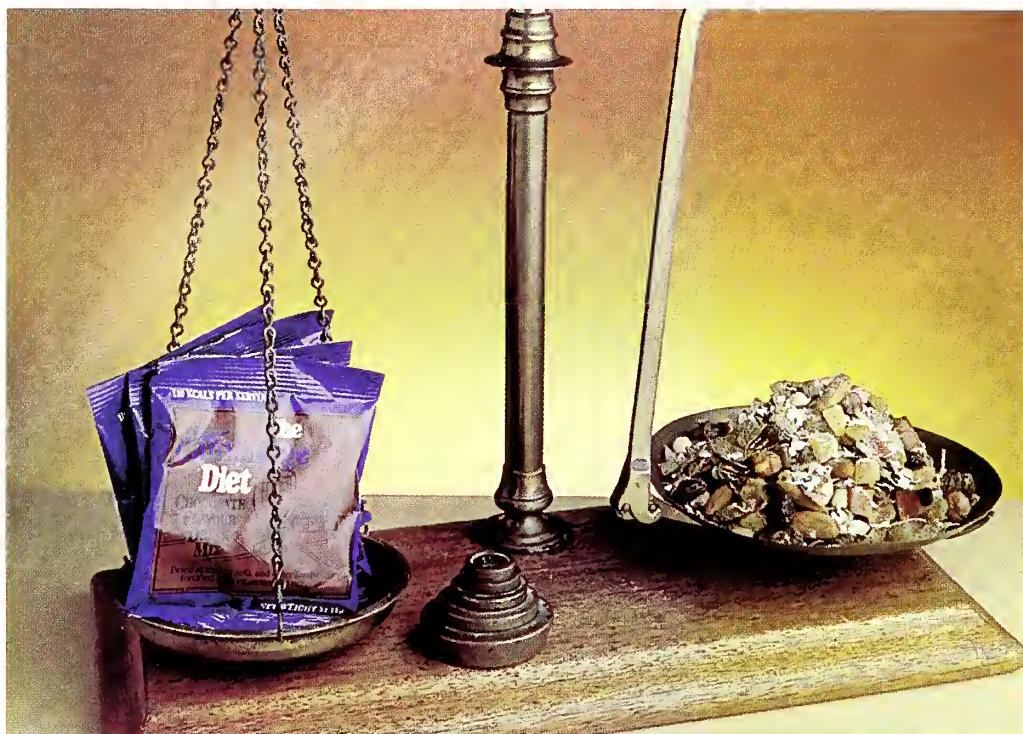
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Paracetamol, Caffeine,
Codeine



◀ Continued from page 41

initially until you are more confident in the market. In that case, it is best to avoid them completely. A few packs of beans and dried fruit on-shelf, with a can or two of health drinks, will help to persuade the buying public that you do not take it seriously.

Community pharmacy's established strengths lie in medicines and healthcare, so if you limit your market entry, concentrate on vitamins, supplements and complementary remedies.

Your usual full-line wholesaler will carry a limited range of health foods and almost certainly a comprehensive range of herbal and other remedies, vitamins, minerals and supplements, but you will also need to contact specialist health food wholesalers.

If you have decided to stock a comprehensive vitamin or homoeopathic range from one company, direct buying may prove more advantageous. *The C&D Directory* is the best source for manufacturers and wholesalers. *Yellow Pages* will be useful for local wholesalers, if there are any in your area.

Successful health food outlets create a wholesome, healthy, natural and environmentally friendly retail feel to impress their customers. Earth colours such as greens, browns and oranges are used frequently. The section of your front shop allocated to these categories will benefit from similar treatment.

It is advisable to use one full height fixture (1m wide) for VMS and one for remedies as a minimum starting point. Pack sizes tend to be small, but the ranges are large. In the case of vitamins and herbal or homoeopathic remedies it is far more effective to arrange merchandise by brand, rather than by condition.

Manufacturers of the main ranges in these markets supply shelf talkers, merchandisers and information leaflet dispensers. In most cases, these help to create on-shelf awareness of the products and are well worth using.

Price up the packs clearly to help avoid any suspicion that these products are expensive.

Health foods, particularly cereals, brans, dried fruits and pasta, are packed in low-cost clear pillow packs. They project an image of purity and eco-friendliness, but are very difficult to merchandise on conventional shelving. Invest in some wire bins or baskets to display them properly.

If you are limiting your entry into this market to VMS and remedies over two or three fixtures, the logical position for this new section is next to the GSL medicines. Alternatively, both sides and ends of a 2m gondola, opposite the branded medicines, would be just as useful.

Also, health foods and drinks as a joint category can easily take up two or three fixtures, so it may be advantageous to use the first few nearest the window.

If your window is not obscured, this positioning will serve well as a way of showing passers-by that you sell the health foods.

Do not forget that effective communication is an integral part of entering a new market.

In most cases, there are two sources of additional turnover: new customers and additional spending by existing customers.

It should not be left to the latter group to notice the changes and the new department, particularly as many will have developed a certain degree of tunnel vision in your pharmacy over the years, aware only of the front

Selling health foods is one thing, but where pharmacies have the edge over conventional shopping outlets is in the expert knowledge on hand to advise customers about all aspects of their health and diet

door and the prescription counter.

Signs and header boards publicising the new department should be supplemented by the more effective in-shop communication such as a brief but enthusiastic, spoken mention to every customer and patient who makes a visit to your counter.

Phrases such as, "We're now stocking a good range of vitamins, remedies and minerals" would probably be appropriate. Using flyers as "bag stuffers" will also help the cause.

Persuading non-customers to cross the threshold to inspect your health food and vitamin range and become new customers is inevitably more difficult and expensive.

Effective window displays and graphics can attract passing trade, and door-drops are also useful, particularly if they carry an opening promotional offer.

Local newspaper advertisements may prove to be necessary, especially if you have a wide catchment area. A sustained newspaper advertising campaign covering the introductory period is certainly desirable, and frequent small adverts at regular intervals are likely to prove more effective than one big splash at the beginning.

Health food retailers also sell VMS, herbal and other remedies and will often scare off any competition from a nearby community pharmacy, despite the latter's long-established healthcare image and reputation.

Generally speaking, health food shops, and even market stalls that sell health foods, are staffed and run by knowledgeable enthusiasts who, more often than not, use the products themselves.

Advice, service and information about the products are available and freely dispensed, just as advice on healthcare and medicines is in pharmacy.

Consequently, knowledge and expertise in this market may well prove to be the most telling factor of all in your marketing strategy.

Customers for vitamins, supplements, minerals, homoeopathic remedies and the like seek advice and reassurance. When questions are asked about the ingredients of health foods and drinks a new customer will expect an answer. There is a need for someone in a pharmacy stocking these ranges to be able to dispense this advice and to answer the questions.

The ideal solution is to employ an enthusiast. Failing this, staff training will be necessary.

As I already mentioned, this market has to be plunged into rather than slowly developed. Customers for the products expect to be satisfied at one outlet – if they visit your shop and cannot find everything they want, their custom is lost.

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Appointments



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| 2. Is he aware of how goodwill of retail chemist is valued generally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is he aware of the payment methods of the PPA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is he aware of the average stock holdings of retail chemists of similar size to yours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is he interested in your business? And the future of your business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is he imaginative and proactive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does he guide you on how to increase your profits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does he insist on and help you prepare quarterly management accounts so that you know what profit you are making? What tax you will have to pay and discuss your profit margins with you so that you can work towards improving these and therefore your net profit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does he have contacts in the pharmaceutical industry with stock takers, EPOS providers, shop fitters, purchase/sale agents, and specialist finance providers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is your top rate of tax 20%? If not, why not? Are you therefore paying 40%? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has he reduced your tax liability by 50% annually by restructuring your business. Average tax savings would be about £8,000 p.a. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has he suggested the possibility of setting up a personal or company pension scheme (SIPPS or SSASs)? This would enable you to get tax relief and allow you to purchase commercial properties in your pension fund, without having to pay capital gains tax | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Can he set up employee benefit trusts, allowing you to obtain a full tax deduction for payments made e.g. payments of £50,000 can reduce your tax liability by about £10,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Can he set up an ERP? There are significant tax advantages of this scheme if set up correctly. | <input type="checkbox"/> | <input type="checkbox"/> |
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| 16. Does he help you plan to keep your wealth? Have you done your Inheritance tax planning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does he plan for the future sale of your business? The worst scenario should be a 10% tax liability, the best is no tax liability. | <input type="checkbox"/> | <input type="checkbox"/> |
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community pharmacy



Appointments

Howard Dodd has been appointed to the board of The Boots Company as group finance director from April 1. He succeeds **David Thompson** who will continue as deputy chief executive until his retirement later this year. **Paul Bateman**, who joined the company last April, has also been appointed to

the board while retaining his responsibilities for manufacturing, property and the cost-management programme. GW Pharmaceuticals, the company developing a portfolio of cannabis-based medicines, has appointed **Professor Roger Pertwee** as director of pharmacology. He is professor

of neuropharmacology at the University of Aberdeen. **Andy Oades** has been promoted to the main board of directors at the Goldshield Group. As executive director, he will be responsible for retail pharmacy and hospital businesses in Western Europe.



Marketing director David O'Sullivan

Pfizer man breaks free

David O'Sullivan, marketing director of Pfizer Consumer Healthcare, will leave the organisation to become a consultant from October this year.

Mr O'Sullivan, who joined Parke Davis in 1973 as an advertising executive, was appointed marketing director in 1992. Andy Rush, general manager, Pfizer Consumer Healthcare, said: "David has made a major contribution to the growth of the company's self-medication and oral care businesses during his 29 years with the organisation. In particular, he has been responsible for the success of leading brands such as Listerine, Calpol and Benlyn. We wish David well in his future endeavours and thank him for his contribution."

Jeannette's major contribution to practice merits top college award

Jeannette Howe, deputy chief pharmacist at the Department of Health, will be presented the College of Pharmacy Practice's annual Sehering Award later in the year.

The award, sponsored by Sehering Health Care, is presented at the discretion of the college governors to a pharmacist who has made an outstanding contribution to pharmacy practice.

Ian Simpson, chief executive of the CPP, said: "The governors were unanimous in their decision that it should go to Jeannette."

"It is a well-deserved recognition of her outstanding contribution as a professional civil servant to the development of



Deputy chief pharmacist at the Department of Health, Jeannette Howe, is being recognised for her outstanding contribution to pharmacy with the Sehering Award

pharmacy practice in both community and hospital sectors, and to her work on continuing education, research and legislation, sustained over a period of more than 14 years. Jeannette's

influence on Government policy on pharmacy is considerable, and she has helped to shape many of the opportunities that are now opening up for pharmacy in the new NHS."

Falling down is no fun, claims comedian

Health authority presentations can be a bit of a joke, but in the case of Barnet, Enfield and Haringey HA this is exactly what was intended.

Comedian Norman Wisdom helped the HA to launch an initiative to reduce the risk of falls in the over-70s. Eighteen community pharmacists in the area reviewed medicines known to contribute to falls in more than 800 older people in the four-week campaign.



From left: Mike Beaman, HA pharmacy adviser, Kostakis Christodoulou, health development programme manager, Norman Wisdom and pharmacists Gerald Zeidman and David Salter

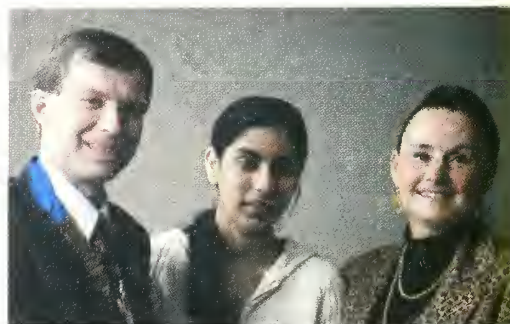
First-year student collects cheque

Bright spark Nighat Ellahi receives her award for top first-year dispensing student at Bradford University.

The local branch of the Society awarded Nighat a cheque for £75 for beating 170 other pharmacy students in the Extemporaneous Dispensing module, with written and practical assessments (does this mean throwing glycerine suppositories up to the ceiling to see if they stick?). Simon

Tweddell, chairman of the Bradford branch, said: "The branch has close links to Bradford School of Pharmacy and is delighted to support the school through the recognition of outstanding achievement."

From left: Simon Tweddell and Professor Brenda Costall, head of School of Pharmacy, present Nighat with her award



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